MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04735

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

US A15 8

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1336 Linden Ave.

3. NAME OF DECEASED: (Type or Print) (First) Christine (Middle) (Last) Ackerman

4. DATE OF DEATH: (Month) (Day) (Year) 5/13/53 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	Widow	May 26, 1862	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Germany	US

13. FATHER'S NAME: Phillip Froeder

14. MOTHER'S MAIDEN NAME: Susanna Kalfus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	no	Mr. Ackerman, 1336 Linden Ave, Arbutus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Myocardial infarction, DUE TO	1/2 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension — Coronary Sclerosis DUE TO	10-15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 20, 19 53, to May 13, 19 53, that I last saw the deceased alive on May 13, 19 53, and that death occurred at 5.50 A. m., from the causes and on the date stated above.

SIGNATURE John F. Coalahan (DEGREE OR TITLE) M.D. ADDRESS 420 Wilkens Ave DATE SIGNED 5/14/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	5/16/53	Holy Redeemer	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-14-53	A. F. Bedrick M.D.	Howard H. Hubbard	2503 Edmondson Ave

8rr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04736

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RECEDO KNOLL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 00-01
STREET ADDRESS (If rural, give location) Ramona Rd 3204 RAMONA AVE.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) BAHLMANN

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: MAY 27, 1861

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRANK BAHLMANN

14. MOTHER'S MAIDEN NAME: ELIZABETH ATHMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Patrick J. Langan - 3204 Ramona Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Senility

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 50 to May 17, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

H. P. Lemmon M.D. 3400 Edmondson Ave 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5-20-53

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 5/18/53

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Denzel D. Farley — ADDRESS Catonsville, Md.

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04737

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 17 yr. 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md., COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Tobacco
STREET ADDRESS (If rural, give location): OSK

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) A. (Last) BARBOUR

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-18-82

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT T. BARBOUR

14. MOTHER'S MAIDEN NAME: MARY L. TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Port Tobacco, Md. ROBERT BARBOUR - nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

420.1
Immediate cause (a) MYOCARDIAL INFARCTION
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) arteriosclerotic cardiovascular disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-, 1953, to 5-26-, 1953, that I last saw the deceased alive on 5-26-, 1953, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE: Harold Everett Edwards (DEGREE OR TITLE) MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 29 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Rest — LOCATION (City, town, or county): La Plata — (State): Md.

DATE REC'D BY LOCAL REG. 5/29/53 — REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf, Md.

RECEIVED
MAY 29 1953
BUREAU V.

Item #11. Film 0154 5/18/53 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

04738

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: Baltimore | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS: Broadway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville | STREET ADDRESS (If rural, give location): Broadway Road

3. NAME OF DECEASED (Type or Print): (First) Cameron (Middle) C. (Last) Barr, Sr.

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 17, 1903

9. AGE last birthday: 49 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't.Gen:Supt.Gas Operators

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Elec.

11. BIRTHPLACE (State or foreign country): Pennsylvania / Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry C. Barr

14. MOTHER'S MAIDEN NAME: Kate Cardoza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): World War #2

16. SOCIAL SECURITY NO.: 212-05-6411

17. INFORMANT AND ADDRESS: Mrs. Anna B. Barr-Broadway Rd.,Lutherville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 5 mins.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: not an injury | (CITY OR TOWN): not an injury | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): not an injury | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caplis | (Degree or title): Deputy Med. Exam. M.D. | ADDRESS: 6 Hanover Road, Reisterstown, Md. | DATE SIGNED: 5-11-'53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation | DATE THEREOF: May 14, 1953 | NAME OF CEMETERY OR CREMATORY: Loudon Park Crem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 5/13/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Wm. J. Dickener & Sons | ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04739

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. — LENGTH OF STAY (in this place) Emp.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
STREET ADDRESS (If rural, give location) 1122 2d Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Grant (Last) Barr

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 5 1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Angus

14. MOTHER'S MAIDEN NAME: Elizabeth A. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Delmar L Barr Sparrows Pt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Heart Disease	2 yrs
	DUE TO (c) Generalized Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953 to May 21, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James G. Evans M.D. ADDRESS 520 Dundalk Ave. DATE SIGNED 5/21/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 5/22/53 — NAME OF CEMETERY OR CREMATORY Glenwood — LOCATION (City, town, or county) (State) Woodlawn Md.

DATE REC'D BY LOCAL REG. May 22 '53 — REGISTRAR'S SIGNATURE Damon L. Farber

24. FUNERAL DIRECTOR Howard J. Stuart — ADDRESS 2503 Edmondson

VS-A15 8

RECEIVED
MAY 25 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Villa Maria COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Fronta (Last) Beaver

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Feb 22 1881 | 9. AGE last birthday 72 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS
11. BIRTHPLACE (State or foreign country) Pittsburgh Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Beaver
14. MOTHER'S MAIDEN NAME Helen Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42 Cil

Immediate cause (a) Coronary Thrombosis — 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis - Diabetis Mellitus — 9

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1952, to May 27, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 8.15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter F. Donnelly MD

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	5-29-53	VILLA MARIA CEM.	NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/28/53	G. H. Hecht	Charles L. Zeiler	901 S. Conkling St. Balto., 24, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0741

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 63 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Nursing Home 5743 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2918 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) BECKER (Last)

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: April 16, 76

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ----Becker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212 07 3800 A

17. INFORMANT AND ADDRESS: Geo. M. Becker, Sr. 2918 Edmondson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442 × Immediate cause	(a) Suppurative Pyelitis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Secondary Anemia	
	(c) Hypertension Cardiovascular Renal	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 - 48, to 5 - 20, 19 53 that I last saw the deceased alive on 5 - 20, 19 53, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. Thos. F. Abbott ADDRESS: 4509 Liberty Heights Ave. DATE SIGNED: 5-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 23/53

NAME OF CEMETERY OR CREMATORY: Western Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 5-22-53

REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS: Harry A. Mentzer, 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0174

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balt.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 1 Edgevale Road

3. NAME OF [redacted] (Type or Print): (First) Dora (Middle) (Last) Bell

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 18 1875

9. AGE last birthday: 77 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Sweeney

14. MOTHER'S MAIDEN NAME: -------- McCaughin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Donald R. Mason 1 Edgevale Road Towson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic nephritis (arteriosclerotic origin)	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio Vascular Disease	5 yrs.
	(c) Diabetes mellitus	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral accident (Hemorrhage)	7 mo

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31 1952, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 9 00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. 3403 ADDRESS 3 Jarvis Ave DATE SIGNED May 14, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: May 15 1953; NAME OF CEMETERY OR CREMATORY: Mt Zion; LOCATION (City, town, or county) (State): Darby Penna

DATE REC'D BY LOCAL REG. 5/14/53; REGISTRAR'S SIGNATURE A. W. Hedrick M.D.; 24. FUNERAL DIRECTOR Harry M. Kinnacos; ADDRESS 4204 Ridgewood Ave

04743

21

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

~~FOR MEDICAL EXAMINERS~~

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural give location): 114 Gloucester St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	A	BENSON	May 15, 1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Dec. 7, 1854	98 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis O Wyse	Mary E. Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
---	------	H.H.~~E~~. Benson Son same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Senility
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal trouble
(c) Hypostatic pneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died at home

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, ~~Inquiry~~ ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

~~Coroner~~ Attending Phy. 250 Severna Pk.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19, 1953	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
May 18, 1953	Mabel Grayson	Ben L. Hopping and Son Annapolis, Md.

VS-Alba

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 6 Overbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Berger (Last)

4. DATE OF DEATH: (Month) May (Day) 20/53 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13/75

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd. Bank Guard

10b. KIND OF BUSINESS OR INDUSTRY: Central Svgs. Bk.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Berger

14. MOTHER'S MAIDEN NAME: Emilie Metzger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217 12 0779 B

17. INFORMANT AND ADDRESS: Mrs. Louisa M. Berger, 6 Overbrook RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
434.1 Immediate cause	(a) Cerebral Hemorrhage	4 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c) Arteriosclerotic Cardio-Vascular Disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1936, to May 20, 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace Laughlin ADDRESS 4508 Edmondson Village Baltimore 29 Md DATE SIGNED 5/21/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: May 23/53

NAME OF CEMETERY OR CREMATORY: Loudon Pk.

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 5-22-53

REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Harry F. Nuttle ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River. LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gort River Rd Bx 539

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) [illegible] (Last) Betz.

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 53

5. SEX Male. 6. COLOR OR RACE White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married. 8. DATE OF BIRTH Mar 10 1887 9. AGE Last Birthday 66 yrs. If under 1 year: Months [illegible] Days [illegible]. If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer. 10b. KIND OF BUSINESS OR INDUSTRY Retired. 11. BIRTHPLACE (State or foreign country) Balto. City. 12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Jacob Betz. 14. MOTHER'S MAIDEN NAME Elizabeth Hildebrandt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible] 16. SOCIAL SECURITY NO. [illegible] 17. INFORMANT AND ADDRESS Mrs Ida Betz (wife).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

OOZX

Immediate cause (a) Coronary occlusion. — Interval Between Onset and Death: Indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis. — over 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None. 19b. MAJOR FINDINGS OF OPERATION X-Ray of chest July 1952. 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-5-53 12:50 A.M. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) J. J. McSweeney M.D. ADDRESS Balto. Co. Medical Examiner Dundalk 22 Md. DATE SIGNED 5/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE THEREOF 5/7/53 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) Taylor Ave. (State) Md.

DATE REC'D BY LOCAL REG. 5/6/53 REGISTRAR'S SIGNATURE [illegible] Deputy

24. FUNERAL DIRECTOR ADDRESS John G. Connelly 418 Eastern Ave. Essex, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2318 Powers Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28; STREET ADDRESS (If rural, give location) 2318 Powers Lane

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) EDWARD (Last) BEWLEY

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 22, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House Repairs

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Issac T. Bewley

14. MOTHER'S MAIDEN NAME: Margaret Kaiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —

16. SOCIAL SECURITY No. 217-01-5200-A

17. INFORMANT AND ADDRESS: Ethel M. Bewley, 2318 Powers Lane, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral thrombosis, recurrent — Interval between onset and death: 2 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, generalized, severe — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia — 4-5 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1952, to 5-16, 1953, that I last saw the deceased alive on 2-21, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Lee Grimes M.D. Catonsville 28 Md. 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: May 20, 1953.

NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/18/53

REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Easton Sons, ADDRESS: Catonsville 28, Md.

VS-A15 1

2

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

4

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: plete the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8151 Loch Raven Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson #4
STREET ADDRESS (If rural, give location): 8151 Loch Raven Blvd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	H.	BING, Sr.		May	14	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Aug. 16, 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Yardmaster (rtd)	Railroad	Maryland	

13. FATHER'S NAME: John H. Bing

14. MOTHER'S MAIDEN NAME: Eleanor Wimmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Elmer H. Bing - 8151 Logh Raven Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	7
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis - General	
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-27-, 1953, to 5-14-, 1953, that I last saw the deceased alive on 5-13-, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: Dr Lee K Fargo (Degree or title) — ADDRESS: 8155 Loch Raven Blvd - DATE SIGNED: 5-14-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/18/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/15/53	[illegible] Hedrick	Wm. J. Zickner & Sons	Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04748

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4936 Park Heights Ave

3. NAME OF DECEASED: (First) Charles (Middle) McLean (Last) Bingley
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 1 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Petersburg-Va
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles V. Bingley
14. MOTHER'S MAIDEN NAME: Ella McL. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: W. M. Bingley (son) 504 Wingate Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
332X
Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c) Arterio sclerosis, generalized, severe — Unk

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons disease — Unk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1953, to May 17, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Stephen Lee Mayness MD Catonsville 28 — 5-17-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 19 53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 5-18-53
REGISTRAR'S SIGNATURE O. K. Bedrick M.D.
24. FUNERAL DIRECTOR Stewart Mortuary Co. Balto. Md. ADDRESS

5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0474?

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4559 Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 4559 Ridge Road

3. NAME OF DECEASED (Type or Print): (First) Bernice (Middle) S. (Last) Blake
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 3, 1897
9. AGE last birthday: 55 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing & Heating
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: George Blake — Virginia
14. MOTHER'S MAIDEN NAME: Lucy Bannister — Virginia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 213-01-7062
17. INFORMANT: Mrs. Cyrus Blaker 4559 Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H.T. / CVD

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1953 to 5-8, 1953 that I last saw the deceased alive on 5-8, 1953 and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Marvin J. Rumbaw M.D. 913 E Belvedere Ave

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 12 1953 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Taylor Ave Balto Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Albert F. Nitzel — ADDRESS: 4642 Reisterstown Rd.

VS. 115 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH INDIA INK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 017511

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Fenway North

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 73 Fenway North

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) E. (Last) BLOODSWORTH

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 6 - 1907

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman

10b. KIND OF BUSINESS OR INDUSTRY: Merchant Marine

11. BIRTHPLACE (State or foreign country): Cambridge, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert E. Bloodsworth

14. MOTHER'S MAIDEN NAME: Anna Mitchell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Janette Bloodsworth (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

45 . 1
Immediate cause (a) Coronary Occlusion & myocardial infarct
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-53, to 5-2-53, that I last saw the deceased alive on 5-2-53, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Marion J. Bowden, M.D. 5-4-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF May 4-53
NAME OF CEMETERY OR CREMATORY Cambridge Cem.
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. May 4, 1953
REGISTRAR'S SIGNATURE Cecil Hurley

24. FUNERAL DIRECTOR John G Connelly ADDRESS 418 Eastern Ave Balto 21, Md.

...ASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY with UNFADING INK. Sign, file and certify ... immediately. The cause of death clearly and legibly. age is especially important. Physicians: please write the cause ... ARGIN RESF

1. PLACE OF DEATH: 119 Smithwood Avenue
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 119 Smithwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) R. (Last) BOCKMILLER

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 1 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William P. Bockmiller

14. MOTHER'S MAIDEN NAME: Mary E. Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Richard B. Bockmiller 119 Smithwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c) Arteriosclerotic CV disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis, Chronic — 20 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1945, to May 16, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 7.30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Stephen Lee Magruder MD Catonsville 2 Md 5-16-53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF May 19, 1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-18-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR William Cook Inc ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21252

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: BALT'O. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 137 NEWBURG AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 137 NEWBURG AVE.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CHARLES (Last) BOHL

4. DATE OF DEATH: (Month) 5 (Day) XX (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 28, 1876

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROFESSOR

10b. KIND OF BUSINESS OR INDUSTRY: MUSIC

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: AUGUST BOHL

14. MOTHER'S MAIDEN NAME: MARY ZIEGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N.A. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edith Bohl - 137 Newburg ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	15 minutes
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoid of Jejunum	6 mo.
	DUE TO (c) Bronchitis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953, to May 22, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 8.30 p.m., from the causes and on the date stated above.

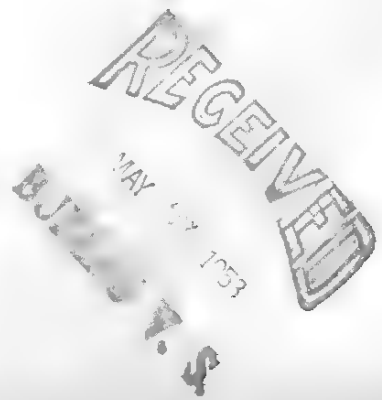
SIGNATURE: Dr E W Thoms — (DEGREE OR TITLE) — ADDRESS: 1202 St Paul St — DATE SIGNED: May 25/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-26-53 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county): Balto. | (State): Md.

DATE REC'D BY LOCAL REG.: 5/25/53 | REGISTRAR'S SIGNATURE: T E Harry

24. FUNERAL DIRECTOR: George A. Farley — ADDRESS: Catonsville Md.

VS-A15 8


RECEIVED
MAY 1933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04754

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp. Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2106 N. Pulaski Street

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) W. (Last) Bress

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-9-78

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Bress

14. MOTHER'S MAIDEN NAME: Catherine Kraft

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): 1-25-02/1-24-06 7-19-09/7-18-13

16. SOCIAL SECURITY NO.: 578-12-1520

17. INFORMANT & ADDRESS: Clinical Records, Veterans Adm. Hospital Fort Howard, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

332X
Immediate cause (a) CEREBRAL THROMBOSIS WITH LEFT HEMIPLEGIA — 2 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS — UNKNOWN
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1953 to May 1, 1953, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE: P.J. McDonnell (Degree or title) M.D.
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/1/53
NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: May 2 1953
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md.

VS. A15

Items 18&22 Film G154 6-12-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hollins Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bare Hills
STREET ADDRESS (If rural, give location) Hollins Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BENJAMIN	OLIVER	BROOKHART, Sr.	May	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Dec. 25, 1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plasterer	Construction	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin F. Brookhart	Mary Ritter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Bare Hills, Md. Mrs. Anna J. Brookhart - Hollins Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute alcoholism - Autopsy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* _, *Inquiry* _ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O'Sullivan MD	Chief Medical Examiner	700 Fleet St.-Balto. 2, Md.	May 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/28/53	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 26 1953	[illegible]	Wm. J. Tickner & Son	Balto 17, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKVILLE — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 7011 Bellona Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — STREET ADDRESS (If rural, give location) 7011 Bellona Ave.

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) A. (Last) Brown

4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out): Widow — 8. DATE OF BIRTH: July 4, 1899 — 9. AGE last birthday: 53 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Balto, Md. — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George W. Tasker — 14. MOTHER'S MAIDEN NAME: Annie Cahill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. none — 17. INFORMANT: J. Donald Brown 5930 Alameda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
170 × Immediate cause	(a) Exanition and Cachexia	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Osseus and Soft tissue metastasis	10 months
	(c) Adeno Carcinoma, right breast	12 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 7-7-52 — 19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma right breast c axillary Metastases — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1952, to 5-27, 1953, that I last saw the deceased alive on 5-27-53, 1953, and that death occurred at 1.03 A m., from the causes and on the date stated above.

SIGNATURE Patrick C. Nolan Jr. — (Degree or title) M.D. — ADDRESS 201 W Madison Street Baltimore 1, Maryland — DATE SIGNED 5-28-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF 5-30-53 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. 5-29-53 — REGISTRAR'S SIGNATURE C. W. Hedrick M.D.

24. FUNERAL DIRECTOR Chas F. Evans & Son — ADDRESS 118 W. Mt. Ryl A e

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville P. O.
STREET ADDRESS (If rural give location) Greenspring Ave.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) F. (Last) BROWN

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-5-89

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cockeysville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Christopher C. Brown

14. MOTHER'S MAIDEN NAME: Mattie Naylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 217-20-3723

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) MULTIPLE MYELOMA — UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11 19 53, to May 5, 19 53 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — ADDRESS — DATE SIGNED 5-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-8-53 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery — LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 5-6-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS Harvey Newell Funeral Home, Pikesville, Md.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MSA

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 231 N. Marlyn Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 231 N. Marlyn Avenue

3. NAME OF DECEASED (Type or Print): (First) LEO (Middle) (Last) BRUNS

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 7-1931

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Aeroplanes

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis H Bruns

14. MOTHER'S MAIDEN NAME: Grace M Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 214-26-1109

17. INFORMANT AND ADDRESS: Francis H. Bruns 231 N. Marlyn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot Wound of the Head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

976X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Essex (COUNTY): Balto. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-10-53 ? P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? shot self in head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: B B Fisher (Degree or title) — ADDRESS: Chief Medical Examiner, 700 Fleet St., Balto. 2, Md. — DATE SIGNED: 5-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/14/53 — NAME OF CEMETERY OR CREMATORY: Balto National — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 5/12/53 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: J Bruce Smith — ADDRESS: 1407 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

04758

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3d

MARGIN RESERVED FOR BINDING

INLY, WITH UNFADING INK. Supply every item of information carefully. The correct
pecially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Ingleside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 12 Ingleside Ave

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) L (Last) Buxton
4. DATE OF DEATH: (Month) May (Day) 11 (Year) 19 53
5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8a. DATE OF BIRTH: July 7 1895
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Cornelius Buxton
14. MOTHER'S MAIDEN NAME: Katie Nevey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Cora Buxton Ingleside Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Geo. W. Kirkpatrick M.D. 1010 Leadenhall May 11 53

BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 5-14-53 | NAME OF CEMETERY OR CREMATORY: Nat. Cem | LOCATION (City, town, or county) (State): Balto Md

DATE RECD BY LOCAL REG.: 5/13/53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Wm. Tavenner & Hemsley | ADDRESS: 578 W Fayette St

VS AI5A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 165 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore,
STREET ADDRESS (If rural give location) 3206 Loch Raven Blvd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Busony, Jr.

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-19-22

9. AGE last birthday: 31 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beltz, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Busony, Sr.

14. MOTHER'S MAIDEN NAME: Anna Kraynak

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 184-18-3605

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF BRAIN — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1952, to May 2, 1953, [illegible] and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE AUSTIN T. NORTON, M.D. (Degree or title)
ADDRESS VA HOSPITAL, FT. HOWARD, MD.
DATE SIGNED May 3, 1953

BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/4/53
NAME OF CEMETERY OR CREMATORY Grandview Cem.
LOCATION (City, town, or county) (State) Johnstown, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 5/4/53
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS
Henry Sanders & Sons, Inc. Funeral Home
North Ave. and Broadway, Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C1760

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY a.2.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) H. (Last) CARBERRY

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/27/97

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Estherville, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Carberry

14. MOTHER'S MAIDEN NAME: Julia Van Lonvia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 100-07-0586

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

581.0
Immediate cause (a) PORTAL CIRRHOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Esophageal varices with hemorrhage.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from May 11, 1953, to May 15, 1953, that ~~I last saw the deceased alive on~~ and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Thomas W. Mary VAH, Fort Howard, Maryland 5/16/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. May 22-53 — REGISTRAR'S SIGNATURE Damon L. Harber

24. FUNERAL DIRECTOR Bernard Hardesty Funeral Home — ADDRESS Galesville, Maryland

VS. A15

MAY 25 1953
BUREAU W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5202 Ivanhoe Ave

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Blanche (Last) Carr

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-30-1908

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical — Confectionary Store

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Troutman

14. MOTHER'S MAIDEN NAME: Rose May McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-7697

17. INFORMANT & ADDRESS: Pritchard Carr 2605 Wendover Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Cervix Uteri extension — Interval between onset and death: 2 yrs 8 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/31/1950 & 10/17/50

19b. MAJOR FINDINGS OF OPERATION: Application Radium to Cervical Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 19.50., to 3/31, 19.53., that I last saw the deceased alive on 3/31, 19.53, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — C. Bernard Brack, by Hunter D. Everett — DATE SIGNED 5/13/1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5-15-53 — NAME OF CEMETERY OR CREMATORY Moreland Memorial — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 5-14-53 — REGISTRAR'S SIGNATURE C. W. Redrick M.D.

24. FUNERAL DIRECTOR ADDRESS — Glenn F. Seif 5209 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0 1762

Reg. Dist. No. 4 D

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde MD; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Rd. Hyde MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde MD; STREET ADDRESS (If rural give location) Harford Rd. Hyde MD.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) C. (Last) CARTER

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 12/10/94

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Iser

14. MOTHER'S MAIDEN NAME: Calder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Carl E. Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerotic Heart Disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1953 to 5/18, 1953 that I last saw the deceased alive on 5/17, 1953, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson M.D. Fork, Md. 5/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 5/21/53

NAME OF CEMETERY OR CREMATORY: Belair Memorial Gardens

LOCATION (City, town, or county) (State): Belair MD.

DATE REC'D BY LOCAL REG. 5-20-53

REGISTRAR'S SIGNATURE: Thomas Hammett

24. FUNERAL DIRECTOR: Lassahn's Funeral Home - 7401 Belair Rd.

ADDRESS: Balto. 6. MD.

VS. A15

RECEIVED
OCT 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 2763

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY BALTIMORE Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 28
LENGTH OF STAY (in this place) Type 6 mos 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY BALTIMORE CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 838 LOMBARD St.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) (Last) CAYER

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SEP.

8. DATE OF BIRTH: 12/23/1898

9. AGE last birthday: 54 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: Junk

11. BIRTHPLACE (State or foreign country): MICHIGAN

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANK CAYER

14. MOTHER'S MAIDEN NAME: EVA JULIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK.

17. INFORMANT & ADDRESS: RECORDS. SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

141 X

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 24 Hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) CARCINOMA OF TONGUE — 4 mos +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS WITH ORGANIC BRAIN DIS.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 5-4-53 19....., and that death occurred at 6:30 Am m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm. A. Hutchinson M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 5-4-53

28. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/7/53

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) Jessup Md.

DATE REC'D BY LOCAL REG. 5/6/53

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR J. J. Fahey & Sons ADDRESS 1318 Light St.

RECEIVED
MAY 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1761

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1616 Eutaw Place

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ronald (Last) Cocker

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 10-5-06

9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Eng.

10b. KIND OF BUSINESS OR INDUSTRY: Gas Co.

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. Cocker

14. MOTHER'S MAIDEN NAME: Elizabeth Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 164-07-6181

17. INFORMANT & ADDRESS: Records. Spring Grove Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3-7X

Immediate cause (a) Acute cardiac failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Delirium Tremens — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 day (b) 8 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 19 53, to 5-19, 19 53, that I last saw the deceased alive on 5-19, 19 53, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Sara E. Bennett M.D. Spring Grove Stat Hosp 5-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 5/23/53

NAME OF CEMETERY OR CREMATORY: Phila. Memorial Park

LOCATION (City, town, or county) (State): Frazier Pa.

DATE REC'D BY LOCAL REG. 5/22/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C1765

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8404 Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Baltimore~~ Parkville
STREET ADDRESS (If rural give location): 8404 Old Harford Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Coleman

4. DATE OF DEATH: (Month) May (Day) 1st (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 20, 1887

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Patzwall

14. MOTHER'S MAIDEN NAME: Kunigunda Wachter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. James H. Coleman, 8404 Old Harford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443x Immediate cause	(a) Hemiplegia, right	6 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral hemorrhage	6 wks
	DUE TO (c) Chr. myocarditis, hypertension & arteriosclerosis	3 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30 1950 to May 1, 1953, that I last saw the deceased alive on Apr. 30, 1953 and that death occurred at 11.50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): A.M. Bacon, M.D. ADDRESS: 2810 Taylor Ave. DATE SIGNED: 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-4-1953
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REGISTRAR: 5-1-53
REGISTRAR'S SIGNATURE: A.M. Bacon
FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS. A15.

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C1766 44

CERTIFICATE OF DEATH

Reg. Dist. No. 2-57a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 1381 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Q. Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centerville 17 X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) JOSEPH (Middle) A. (Last) CONNOLLY

4. DATE OF DEATH: (Month) May 1 (Day) (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/13/14

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Butcher –

10b. KIND OF BUSINESS OR INDUSTRY: American Store

11. BIRTHPLACE (State or foreign country): Centerville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Connolly

14. MOTHER'S MAIDEN NAME: Minnie E. Boyle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 213-03-0878

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MULTIPLE SCLEROSIS — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 19 49, to May 1, 19 53, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D.

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 4/53

NAME OF CEMETERY OR CREMATORY: Chesterfield Cemetery

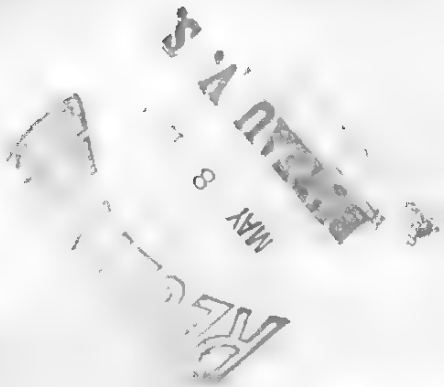
LOCATION (City, town, or county) (State): Centerville, Md.

DATE REC'D BY LOCAL REGISTRAR: 5/2/53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Barton Brothers, Centerville, Maryland

Dawson Barber - emc


MAY 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please use the proper diagnoses of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 10yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 Waldron Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) #1 Waldron Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) A. (Last) Couch

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar

8. DATE OF BIRTH: 6-4-1894

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pittsburgh PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christ Knetzer

14. MOTHER'S MAIDEN NAME: Phoebe Rump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George Wm. Couch - Husband - Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Emaciation, Cachexia — Interval Between Onset and Death: 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Cancer of the Uterus — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to May, 1953, that I last saw the deceased alive on 4/3, 1953, and that death occurred at 5 50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Dahlman — ADDRESS 1413 Reisterstown Rd — DATE SIGNED 4/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-6-53 — NAME OF CEMETERY OR CREMATORY: St. Wendilus — LOCATION (City, town, or county) (State): Pittsburgh, PA.

DATE REC'D BY LOCAL REG. 5/7/53 — REGISTRAR'S SIGNATURE A.W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Emmett A. Murrell - Pikesville, Md.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 30 Main Street

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) Edward (Last) Creswell

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 7, 1906

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forman in lumber yard

10b. KIND OF BUSINESS OR INDUSTRY: Building Supply

11. BIRTHPLACE (State or foreign country): Joppa. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Creswell

14. MOTHER'S MAIDEN NAME: Dora ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes

16. SOCIAL SECURITY NO.: 217-01-3954

17. INFORMANT AND ADDRESS: Mrs. Anna Creswell, 822 W 35th St, Baltimore 11, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute alcoholism	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Alcoholism	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: None

PLACE (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) None (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J.D. Caplis (Degree or title) Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 5-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 28, 1953 | NAME OF CEMETERY OR CREMATORY: Finksburg | LOCATION (City, town, or county) (State): Carroll Co.

DATE REC'D BY LOCAL REG.: 5-28-53 | REGISTRAR'S SIGNATURE: Mary B Eline

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415A

RECEIVED
JUN 1 1972
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 413

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS IVY HILL NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX; STREET ADDRESS (If rural, give location) 46 WILTSHIRE RD.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) NORMAN (Last) CRIST

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 4-16-07.

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SAMPLER

10b. KIND OF BUSINESS OR INDUSTRY: AMER. A. CHEM. Co

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY N. CRIST

14. MOTHER'S MAIDEN NAME: MARY STORATH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war, or dates of service)

16. SOCIAL SECURITY NO.: 213-10-5120

17. INFORMANT AND ADDRESS: EDITH E. CRIST SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremic Poisoning — Interval Between Onset and Death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Stomach — 2 yrs.

(c) Metastases of Carcinoma of Stomach — 5 or 6 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to 5/26., 1953, that I last saw the deceased alive on 5/26, 1953, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Black, MD. ADDRESS 434 Eastern Ave Essex, Md. DATE SIGNED 5/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 5-30-53

NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM

LOCATION (City, town, or county) (State): 7225 EASTERN BLVD, MD

DATE REC'D BY LOCAL REG.: 5/29/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Charles L. Seiler ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 6 months.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Delrey Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 8 Delrey Ave.

3. NAME OF DECEASED (Type or Print): (First) Clara; (Middle) Estelle; (Last) Cyford

4. DATE OF DEATH: (Month) May; (Day) 4; (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb-16-1889

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Confectioner

10b. KIND OF BUSINESS OR INDUSTRY: Candy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Hummel

14. MOTHER'S MAIDEN NAME: ? Tibis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service) None

16. SOCIAL SECURITY No. 216-32-8809

17. INFORMANT AND ADDRESS: Mr. Albert Cyford 8 Delrey Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Generalized

Antecedent cause(s) Abdominal Viscera

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/, 1953, to 5/4/, 1953, that I last saw the deceased alive on 5/4/, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Shaw M.D. 201 Charles Center Bldg. Balto. Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 7, 1953

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/4/53

REGISTRAR'S SIGNATURE: C. E. Harry

24. FUNERAL DIRECTOR: George L. Schwab ADDRESS: 2101 Frederick Ave. Baltimore, Md.

VS. 715

8

RECEIVED
MAY 6 1953
BUREAU V. S.

tes 3,13,17- Phone call from Funeral Director-5/12/53 dr.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville — MARYLAND-LENGTH OF STAY (In this place) 3 mos — HOSPITAL OR INSTITUTION OR STREET ADDRESS Texas

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville — STREET ADDRESS (If rural, give location) Texas

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Albert (Last) Dannyer — DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married — 8. DATE OF BIRTH Feb 7, 1882 — 9. AGE last birthday 70 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coachmaker — 10b. KIND OF BUSINESS OR INDUSTRY Railroad — 11. BIRTHPLACE (State or foreign country) Balto Co. Md. — 12. CITIZEN OF WHAT COUNTRY U.S.A

13. FATHER'S NAME Henry Dannyer Jr — 14. MOTHER'S MAIDEN NAME Sara Ann Steffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT Henry Dannyer Jr, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, vascular, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart disease, chronic myocarditis	13 yrs
	(c) Arteriosclerosis	Unknown

4 2, 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Bollin C. Hudson MD. DME. — ADDRESS Towson Md — DATE SIGNED 5/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-14-53 — NAME OF CEMETERY OR CREMATORY Westberg Methodist Mt. Hall, Md. — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 14 May 1953 — REGISTRAR'S SIGNATURE Lena Armistead Mackall — 24. FUNERAL DIRECTOR F. Scott Brooks, Sparks, Md. — ADDRESS

R 2

MAY 15
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
LENGTH OF STAY (in this place) 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1217 BEECHWOOD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
STREET ADDRESS (If rural, give location) 1217 BEECHWOOD ROAD

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) LEROY (Last) DAVIDSON
4. DATE OF DEATH: (Month) MAY (Day) 4 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	White	Married	12-16-1877	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Operator
10b. KIND OF BUSINESS OR INDUSTRY: BETHlehem Steel
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John R. DAVIDSON
14. MOTHER'S MAIDEN NAME: MARGARET E. LILLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO
16. SOCIAL SECURITY No.
17. INFORMANT, AND ADDRESS: MARCELLA DAVIDSON 1217 [illegible] RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 19.53, to 5-4, 19.53, that I last saw the deceased alive on 5-4, 19.53, and that death occurred at 1230p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	M.D	914 D St, Sparrows Point, Md.	5-4-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-7-1953	LORRAINE PARK	Woodlawn	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 4 53	Dawen L. Farber	E. HOWARD STRONG	3107 W. North Ave

WC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1A-5

RECEIVED
MAY 6 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. | LENGTH OF STAY (In this place) 24.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8048 Gough St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Edward (Last) Davis.
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 24/1906
9. AGE last birthday: 47 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steaman
10b. KIND OF BUSINESS OR INDUSTRY: Maryland Oil Co.
11. BIRTHPLACE (State or foreign country): Geneva, Alabama.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elber J. Davis
14. MOTHER'S MAIDEN NAME: Nancy Jane Woodward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes | (If yes, give war or dates of service) W.W II
16. SOCIAL SECURITY NO.: 216-14-3921
17. INFORMANT AND ADDRESS: Mrs. Ruth E. Davis, (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): May 12-53 4:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. McLarnon (Degree or title) M.D. ADDRESS: Balto. Co. Medical Examiner Towson 4 Md. DATE SIGNED: 5/12/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 5-15-53. | NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM. | LOCATION (City, town, or county) (State): 7275 Eastern Ave, Ba. Co. Md.

DATE REC'D BY LOCAL REG. 5/15/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR: Charles S. Zeiler | ADDRESS: 901 S. Conkling St. Balto., 24, Md.

VS/A15A (1)

(14771)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY of Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
Gaithersburg
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Rockville Md.
STREET ADDRESS (If rural, give location): 302 Park Road

3. NAME OF DECEASED: (First) Guy (Middle) (Last) Day

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 28th 1919

9. AGE last birthday: 34 yrs
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gaithersburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Day.

14. MOTHER'S MAIDEN NAME: Rosa Gray.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Personal History
Hospital Records Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002X
Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1949
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease 1919

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 19 53 to 5/2, 19 53, that I last saw the deceased alive on 5/2, 19 53, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE: H. B. Rogers (DEGREE OR TITLE) M.D. ADDRESS: Eudowood Sanatorium - Towson, 4, Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 5-1953
NAME OF CEMETERY OR CREMATORY: Forest Oak
LOCATION (City, town, or county) (State): Gaithersburg Md.

DATE REC'D BY LOCAL REG.: May 2, 1953
REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: Roy A. Barber, Laytonsville Md.

VS. A15 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1953
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print) Martin Dilmuth

2. DATE OF DEATH May 23, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 103 E. Joppa Rd

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson

D. STREET ADDRESS (If rural, give location) 103 E. Joppa Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Widowed	5-11-83	70				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ground Keeper	School	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Dilmuth	Eva Dilmuth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs. Virginia Beyer,	103 E. Joppa Rd

MEDICAL CERTIFICATION

18. 1'1'1X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer prostate — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* May 22, 1953 *to* May 22, 1953 *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ronald Sandorf M. D.	6077 Harford Rd	5-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/26/53	St Jos-Pbs. Cem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
May. 29, 1953	Mabel C. Gray	Lansdale Funeral Home 7401 Belair Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use blanks: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

GIN RESERVED FOR BINDING

VS. AE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01776

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 122 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural give location) 1620 S. 16th Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A. (Last) DONATELLI
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	6-18-94	58 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Govt.	Philadelphia, Pennsylvania	U. S. A.

13. FATHER'S NAME: Phillip Donatelli
14. MOTHER'S MAIDEN NAME: Mary Ellen DelVecchio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	163-16-4610	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 4 YEARS

002.X
Immediate cause (a) TUBERCULOSIS, PULMONARY, CHRONIC, FAR ADVANCED,
DUE TO ACTIVE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) .....
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from Jan.16, 1953, to May18, 19.53, XXXXXXXXXXXXXXXXXXXX and that death occurred at 3:25 P.M., from the causes and on the date stated above.

SIGNATURE Abraham A. Polachek, M.D. (Degree or title)
ABRAHAM A. POLACHEK, M.D.
ADDRESS VAH, Fort Howard, Md.
DATE SIGNED 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	5-20-53	HOLY CROSS CEMETERY	YEADON,	PENNSYLVANIA

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-19-53	A. W. Bedrick M.D.	~~Pennsylvania Burial Co., Inc.~~ ~~1327-29 S. Broad St., Phila., Pa.~~ Mildred J. Blight, 6009 Harford Rd (14)	

SHIP TO: PENNA BURIAL CO 1327-S BROAD ST. Phila, Pa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 3wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 576 Woodbine Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) A. (Last) Ensor.

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 3, 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Co, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John E. Ensor

14. MOTHER'S MAIDEN NAME: Elizabeth Gorsuch.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Alex. Ensor, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Arteri - sclerosi

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to May 7, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 9:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. France M.D. Parkton, Md 5/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF May 10 1953; NAME OF CEMETERY OR CREMATORY Black Rock; LOCATION (City, town, or county) (State) Butler, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR May 8 1953; REGISTRAR'S SIGNATURE Edwin L. Preston; 24. FUNERAL DIRECTOR Jacob Hartenstein, ADDRESS New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellsp Quaters
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quaters
STREET ADDRESS (If rural, give location) Box 346 - Clarks Pt. Rd 20 md.

3. NAME OF DECEASED (Type or Print): (First) Wilbert (Middle) Ray (Last) Erdman
4. DATE OF DEATH: (Month) S (Day) 28 (Year) 19[illegible]3

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 1-1911
9. AGE last birthday: 42 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emanuel Erdman
14. MOTHER'S MAIDEN NAME: Nora Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 183-07-6914
17. INFORMANT AND ADDRESS: Eva Erdman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Occlusion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] Davis, MD (Degree or title) ADDRESS: 2 P.M. Sun. Lundale Md DATE SIGNED: 5/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: May-31-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Ashland. Penna.

DATE REC'D BY LOCAL REG.: May 29 53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Christine L. Brzezynski
ADDRESS: 407 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14779

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSSVILLE
STREET ADDRESS (If rural, give location) BOX 282 RIDGE RD.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) M (Last) ERB

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 11-21-1864

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: GEORGE SCHMIDT

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ANNA SMITH SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1953, to 5/26, 1953, that I last saw the deceased alive on 5/26, 1953, and that death occurred at 10 50 P. m., from the causes and on the date stated above.

SIGNATURE: M Baumgardner (Degree or title) MD ADDRESS Balto 6 md DATE SIGNED 5/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 5-29-53 | NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM. | LOCATION (City, town, or county) (State): 7225 EASTERN BLVD. MD

DATE REC'D BY LOCAL REG. 5/28/53 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Charles L. Zeiler ADDRESS 901 S. CONKLIN ST, BALTO., 24, MD.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

821

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 803 Frederick av

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 411 Inglesside Ave.

3. NAME OF DECEASED (Type or Print): (First) PETER (Middle) (Last) EVANS
4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-24-1905
9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR
10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): UKRAINE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NICHOLAS Evans
14. MOTHER'S MAIDEN NAME: MARY LAZUTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Helen Evans. 411 Inglesside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4-12-1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. McKieffer MD Diagnosed Balto 1010 Leadenhall May 15 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-19-53
NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 5/16/53
REGISTRAR'S SIGNATURE: V. E. Harry
24. FUNERAL DIRECTOR: Geo. A. Tyler ADDRESS: Catonsville Md.

RECEIVED
MAY 20 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1801 Yakona Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 1801 Yakona Road

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) B. (Last) Frisch

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 22, 1877

9. AGE Last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Gill

14. MOTHER'S MAIDEN NAME: Agnes —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elwood J. Frisch, 4001 Biddison Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0 Immediate cause — (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arterio-Sclerotic Heart disease

DUE TO

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to May 12, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE Dr. Lee K Fargo (DEGREE OR TITLE) ADDRESS 5155 Loch Raven Blvd DATE SIGNED 5-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/16/53

NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-14-53

REGISTRAR'S SIGNATURE: A. W. Bedwell M.D.

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

VS. A15 8

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 yr. 1 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore — Md.
STREET ADDRESS (If rural, give location) 1211 Willow Road

3. NAME OF DECEASED (Type or Print): (First) Casper (Middle) Bernard (Last) Frist

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-1-1914

9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Galvanizer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham B. Frist

14. MOTHER'S MAIDEN NAME: Jennie Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by hanging with a wire coat hanger

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. WAS INJURY: PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Hospital

(CITY OR TOWN) (COUNTY) (STATE): Catonsville--Baltimore--Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): May 28, 1953 9:00a.m.

INJURY OCCURRED: While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hung himself with a coat hanger to a pipe ~~from ceiling of wash room.~~

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Geo. L. McKieffer M.D. Deputy Coroner Balto Co

ADDRESS: 1010 Leeds Avenue--Arbutus, Md.

DATE SIGNED: 5-28-53

DISPOSITION (Burial, Cremation, Removal, Specify): Burial

DATE THEREOF: June 1, 1953

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REG'R: 5/29/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.

ADDRESS: 2601-3-5 E. Madison St.

11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 53.

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 820 Hollins Street

3. NAME OF DECEASED: (First) STEFAN (Middle) E. (Last) GALUSCA
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-8-86
9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machinist
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Romania
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Eugene Galusca
14. MOTHER'S MAIDEN NAME: A. Katherine Livescu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 268-16-4878
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) MYOCARDIAL INFARCTION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ARTERIOSCIEROSIS, LEFT CORONARY ARTERY	UNKNOWN
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 8, 1953, to May 25, 1953, [redacted] and that death occurred at 7:20 P.M., from the causes and on the date stated above.
(Degree or title) WILLIAM B. VANDEGRIFT, M. D.
ADDRESS VAH, FORT HOWARD, MD.
DATE SIGNED 5-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 28, 1953
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 5/27/53
REGISTRAR'S SIGNATURE O. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS AKRON, OHIO
Howard Blight Funeral Home
6009 Harford Road, Baltimore 14, Maryland
Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEMONT; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2843 PENNSYLVANIA Av.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEMONT.; STREET ADDRESS (If rural, give location) 2843 PENNSYLVANIA Av.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) HENRY (Last) GIESEMAN

4. DATE OF DEATH: (Month) MAY (Day) 19, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 5-17-96.

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FURNITURE MAKER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FREDERICK H. GIESEMAN

14. MOTHER'S MAIDEN NAME: ANNA HART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war, or dates of service) NO

16. SOCIAL SECURITY NO.: 213-05-4719

17. INFORMANT AND ADDRESS: ELIZABETH A. GIESEMAN SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Arteriosclerotic C.V.D — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Left Hemiplegia — 1 Year

(c) Cardiac Failure Chronic — 4 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan Y, 1950, to May 19, 1953, that I last saw the deceased alive on May 19, 53, and that death occurred at 800 P.m., from the causes and on the date stated above.

SIGNATURE Paul A. Turnfield (Degree or title) ADDRESS 130 Annapolis DATE SIGNED 5/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 5-22-53 | NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEM. | LOCATION (City, town, or county) (State): 5829 RITCHIE HGHWY, MD.

DATE REC'D BY LOCAL REG. 5/22/53 | REGISTRAR'S SIGNATURE C. A. Hedrick | 24. FUNERAL DIRECTOR: Charles S. Giles | ADDRESS: 901 S. CONKLING ST BALTO., 24, MD.

2217 OLD ANNAPOLIS RD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01735

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-15

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto., Md. (Rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgeway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland (Rural)
STREET ADDRESS (If rural, give location): 6409 Ritchie Hgwy.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Gischel

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 14, '67

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Gischel

14. MOTHER'S MAIDEN NAME: Caroline Wertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Mrs. Hilda Cromwell 6407 Ritchie Hy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 18 hours

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple small cerebral thrombi — Years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 19 53, to 5/7, 19 53, that I last saw the deceased alive on 5/7, 19 53, and that death occurred at 1 20 P m., from the causes and on the date stated above.

SIGNATURE: Perry Futterman, M.D. (Degree or title) — ADDRESS: 25 Read St — DATE SIGNED: 5/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/11/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Ritchie Hgwy.

DATE REC'D BY LOCAL REG.: May 9th 1953. — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR — ADDRESS: JOHN F. DENNY, INC. 715 Light St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01786

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) English Consul
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3900 Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
STREET ADDRESS (If rural, give location) 3900 Annapolis Road

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) M. (Last) Gohlinghorst

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 8, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Gohlinghorst

14. MOTHER'S MAIDEN NAME: Margueretta Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Calvin V. Buhrman, 3602 Century Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — 10 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1953, to May 13, 1953, that I last saw the deceased alive on 5/13, 1953, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. (DEGREE OR TITLE) Licentiate ADDRESS DATE SIGNED 5/15/53

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 5/15/53

NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-14-53

REGISTRAR'S SIGNATURE D. W. Fedrick M.D.

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11784

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 27yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 713 FULTON AVE

3. NAME OF DECEASED: (Type or Print) (First) DALLAS (Middle) E. (Last) GORDON

4. DATE OF DEATH: (Month) (Day) (Year) 5-24-1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARTENDER

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DALLAS GORDON

14. MOTHER'S MAIDEN NAME: LETTY MINTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: FRANCIS BLAKE 2908 GUILFORD AVE. BALTO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CORONARY INSUFFICIENCY — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) CORONARY SCLEROSIS — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death (mid-thigh amputation lt leg)

19a. DATE OF OPERATION: 3-14-53

19b. MAJOR FINDINGS OF OPERATION: Arteriosclerosis gangrene of toes

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE) CATONSVILLE, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-, 1936, to 5-24-1953, that I last saw the deceased alive on 5-24-53, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

SIGNATURE David E. Edwards MD (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/26/53

NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. May 25, 1953

REGISTRAR'S SIGNATURE G. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Pickener & Sons ADDRESS Balto 17, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

BYS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shadynook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 511 Normandy Ave.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) J. (Last) Granville

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 24, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? Ireland ?

13. FATHER'S NAME: Robert Granville

14. MOTHER'S MAIDEN NAME: Mary Bowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Patrick Sheehan - 511 Normandy Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1952, to May 25, 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at 2:35 A m., from the causes and on the date stated above.

SIGNATURE John A. Heath Jr. (DEGREE OR TITLE) M.D. ADDRESS 1118 St Paul St. Balt. 2, Md DATE SIGNED 25 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 5-25-53 — NAME OF CEMETERY OR CREMATORY Mount Olivet — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 5/25/53 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR George D. Farley ADDRESS Catonsville, Md.

RECEIVED
MAY
BUREAU V. S.

Item 7 FilmG154 5/25/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bethlehem Steel Corporation

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk; STREET ADDRESS (If rural, give location): 102 Hamlin Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MACK		GRAVES	May	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	5-8-17	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Worker	Bethlehem	Ridgeway, S.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Graves	Millie Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		212-12-5274	Millie Graves, 102 Hamlin Ct. Balto, 22

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
433.1		
Immediate cause	(a) Myocardial fibrosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William Howell (Degree or title) ADDRESS: 700 Fleet Street, Baltimore, Md. DATE SIGNED: May 18, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/21/53	Good Hope Baptist	Ridgeway, S.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/18/53	Wm Hodson	Charles R. Ivan	802 Main Ave.

VS-T

8 r 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Y FRED. RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 100 Y FREDERICK AVE.

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) FRANKLIN (Last) GUILDENER

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 22, 1879

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED OWNER

10b. KIND OF BUSINESS OR INDUSTRY: HARDWARE STORE

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BENJAMIN F. GUILDENER

14. MOTHER'S MAIDEN NAME: ELIZ. ANN GORDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Leonard Guildener Prospect Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334 X

Immediate cause (a) Cerebral apoplexy — Interval Between Onset and Death: 5 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 4 years

DUE TO

(c) Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953, to May 23, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 9½ m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W Grimberg Ford — 1118 St. Paul St. — 5/24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-26-53

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 5/25/53

REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR ADDRESS: George A. Tully. Catonsville, Md.

VS. A 15

RECEIVED
MAY 21
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]791

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. Use correct age is especially important. Use please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): GERTRUDE GUREVITZ
2. DATE OF DEATH: 5-28-53
3. PLACE OF DEATH: A. Baltimore ~~City~~, Maryland — Balto. Co.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md — B. COUNTY (Balto.)
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6401 Laurel Drive
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
c. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~
D. STREET ADDRESS (If rural, give location): 6401 Laurel Ave
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME: Charles
14. MOTHER'S MAIDEN NAME: Rose
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Gurevitz — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 411X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO Aortic Stenosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive Heart failure — 3 years

DUE TO

(C)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF ~~OPERATION~~:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH:
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED — WHILE AT WORK ☐ — NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* February 10 '53 *to* 5-28 , 19 53 *that I last saw the deceased alive on* 5-28 , 19 53 *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Leon Solomon, M. D. — 23B. ADDRESS: 1201 Poplar Grove St — 23C. DATE SIGNED: 5-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 5-31-53 — 24C. NAME OF CEMETERY OR CREMATORY: Rosedale — 24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: 31 — REGISTRAR'S SIGNATURE: Martin — 25. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

VS. A15

Items 12, 2, 11, 17: Informant's Statement 6/2/53 JST (a)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 435

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Riverthorn Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa COUNTY Clearfield
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearfield
STREET ADDRESS (If rural, give location) 302 Tucker Ave Rural

3. NAME OF DECEASED: (First) Charles (Middle) L. (Last) Hallock
4. DATE OF DEATH: (Month) May (Day) 14th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/1/1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Goshen N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel T. Hallock
14. MOTHER'S MAIDEN NAME: Loranna Tice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Chas. L. Hallock 107 Riverthorn Rd Essex 2118 J

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)
162X
Immediate cause (a) Pneumonitis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Primary Carcinoma of Lung
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis - Arteriosclerosis

19a. DATE OF OPERATION: March - 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Lung
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to May 14, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 5:45 P. m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Walter A Anderson M.D. 3001 Hamond Ave Balto-13 Md 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 5/15/53
NAME OF CEMETERY OR CREMATORY Clearfield
LOCATION (City, town, or county) (State) Clearfield, Pennsylvania

DATE REC'D BY LOCAL REG. 5/15/53
REGISTRAR'S SIGNATURE C. N. Hedrick
24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01793

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Monkton
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural, give location) Sheppard Road

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Harris

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 16 March 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Page County Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ashby

14. MOTHER'S MAIDEN NAME: Belle Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: James Harris, Monkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Cerebral Vascular Accident	8 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized + Cerebral Arteriosclerosis	10 yrs.
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to May, 1953, that I last saw the deceased alive on 11 May, 1953, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Walter T. Cleo M.d. Cockeysville Md. 11 May 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/14/53
NAME OF CEMETERY OR CREMATORY Mt. Joy
LOCATION (City, town, or county) (State) Monkton, Md

DATE REC'D BY LOCAL REG. 5/12/53
REGISTRAR'S SIGNATURE A W Bachrach

24. FUNERAL DIRECTOR ADDRESS
Wm. I. Chatman, Jr. 1701 McCulloh St. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 137 Wintons Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 137 Wintons Ave

3. NAME OF DECEASED: (First) Enaco (Middle) Harrison (Last)

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 4, 1897

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Granted Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaiah Hollins

14. MOTHER'S MAIDEN NAME: Henritta ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

177.1 Immediate cause (a) Carcinoma of Left Foot — Interval Between Onset and Death: 4 months 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

OF INJURY

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22-, 1952 to 5-1-, 1953, that I last saw the deceased alive on 5-1-53, 19....., and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE E. F. Maloney. (DEGREE OR TITLE) M.D. ADDRESS 57 Winterdale Balto-28 DATE SIGNED 5/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/4/1953 NAME OF CEMETERY OR CREMATORY Western Star Cem LOCATION (City, town, or county) Catonsville (State) Md.

24. FUNERAL DIRECTOR Mc Kaber & Williams ADDRESS N. Calvert St

DATE REC'D BY LOCAL REG. 5-4-53 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALT Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE; STREET ADDRESS (If rural give location) 205 Oak Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) (Last) HARTIG

4. DATE OF DEATH: (Month) MAY (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4 - 6-1876

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Deals Island Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Scott

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service) ********

16. SOCIAL SECURITY NO.: None

17. INFORMANT: C.V.Kemmet-205 Oak Ave.Pikesvill e

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia, Emaciation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ulcer of the Stomach	?
	(c) Cancer of the Stomach	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 52, to May 7, 19 53, that I last saw the deceased alive on May 7, 19 53, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

SIGNATURE Louis Dalmas (Degree or title) ADDRESS Pikesville 8, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF MAY 9 1953 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Maryland (State)

DATE REC'D BY LOCAL REG. May 9. 1953 | REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR F. B. Wippert & Son ADDRESS F.B.WIPPERT & SONN 1300 Eutaw Pl.17

Dr. L. Lederer
1413 Rittenhouse Sq.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Parkton ~~Balto~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Ba Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location) Kauffman

3. NAME OF DECEASED (Type or Print): (First) Claude (Middle) Nelson (Last) Heaps
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
male	white	single	Sept. 5. 1916	36 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	farm	Harford Co. Md.	U.S.A.

13. FATHER'S NAME Howard Heaps
14. MOTHER'S MAIDEN NAME Mary F. Laird
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Mrs Mary Heaps, Parkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
5124 Immediate cause (a) Traumatic amputation left leg at thigh, almost	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Complete amputation of right leg at hip. multiple	
(c) fracture	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY / CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway 111 | (CITY OR TOWN) Parkton | (COUNTY) Balto. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 16, 1953 4p.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. M. Frame	M. D.	Parkton Md.	5/17/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-19-53	St. Pauls Methodist	Norrisville,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-21-53	Mrs Howard S. Marbling	J. Scott Brodie, Sparks, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-16A

L .
MAY 25 19
BERLIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — CITY (If outside corporate limits, write RURAL) OR TOWN Timonium — and give nearest town) — MARYLAND — LENGTH OF STAY (in this place) 31 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Northwood Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Timonium — STREET ADDRESS (If rural give location) 5 Northwood Dr.

3. NAME OF DECEASED: (First) Charles (Middle) Wesley (Last) Hedrick

4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1953

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: Sept 8 1877 — 9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer (Farm Manager) — 10b. KIND OF BUSINESS OR INDUSTRY: farm — 11. BIRTHPLACE (State or foreign country): Balto Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. H. Hedrick — 14. MOTHER'S MAIDEN NAME: Mary Finch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 216-10-7077 — 17. INFORMANT & ADDRESS: Anna M. Hedrick, 5 Northwood Dr. Timonium, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic Heart Disease. — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis ? 1 wk

DUE TO (c) Chr. Nephritis & Uremia

421.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1952 to 5-24-1953 that I last saw the deceased alive on 5-24, 1953 and that death occurred at 12:30 AM. from the causes and on the date stated above.

SIGNATURE Robert M. Linz (Degree or title) M.D. — ADDRESS 3105 N. Charles St. Balto. 18. — DATE SIGNED 5-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-27-53 — NAME OF CEMETERY OR CREMATORY Poplar Grove — LOCATION (City, town, or county) (State) Cockeysville, Md

DATE REC'D BY LOCAL REGISTRAR 27 May 1953 — REGISTRAR'S SIGNATURE Anne Lemistead MacRae — 24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md

VS. A15-4

MAY 28

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shady Rest Home Shady Rest & Frederick Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 212 Glenmore Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Hennick
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Feb. 22, 1865
9. AGE last birthday: 88 yrs. yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Detective Sgt.
10b. KIND OF BUSINESS OR INDUSTRY: Balto Police Dept.
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher Hennick
14. MOTHER'S MAIDEN NAME: Mary Ann Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. G. Fred Kline, 440 S. Augusta Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 ×

Immediate cause (a) Gastric Hemorrhage — 2 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Renal Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to May 16, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter H. Hennelly M.D., ADDRESS: 4209 Frederick Ave. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 19, 1953 | NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 5-18-53 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR: P. Bellis Lamoreau | ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore 22 MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dundalk.
LENGTH OF STAY (in this place) 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2705 Delk Court.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY do
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN do
STREET ADDRESS (If rural, give location) # 1.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) HILL

4. DATE OF DEATH: (Month) May. (Day) 28 (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 10 1897

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Truck Farm

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hill.

14. MOTHER'S MAIDEN NAME: Sarah Hailey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Georgie Gibson 1817 Ashland Ave Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
4221 Immediate cause	(a)	myocardial failure	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Senile myocarditis	6 years
	DUE TO (c)	Arteriosclerosis	16 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19.38 to May. 6, 19.53 that I last saw the deceased alive on May. 5, 1953, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Louis H. Tolin 6908 North 04 Rd Balto. 14. Md May. 29. 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-31-53

NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem. LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE RECD BY LOCAL REG. 6/1/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Randolph J. Gollick ADDRESS 1412 E. Preston St.

VS. A15 11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 1 mo. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS Kirklee Villa (If rural, give location) Roland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) M. (Last) Hobler

4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-20-1864

9. AGE Last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Unknown~~ NONE

10b. KIND OF BUSINESS OR INDUSTRY: ~~Unknown~~ NONE

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~Unknown~~ AMBROSE MILLER

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ MARY DURWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ~~Unknown~~ NONE

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Cardiac failure AND passive congestion of lung — Interval Between Onset and Death: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — years

DUE TO

(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 19 53, to 5-21, 19 53, that I last saw the deceased alive on 5-21, 19 53, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B Herrmann Grieve M.D. Spring Grove State Hospital Catonsville 28 Maryland 5-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-23-53

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 5/22/53

REGISTRAR'S SIGNATURE C. E. Harvey

24. FUNERAL DIRECTOR George A. Farley - Catonsville, Md. ADDRESS

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (In this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltio.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6
STREET ADDRESS (If rural give location) Box 367 Philadelphia Road

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) (Last) Holcomb

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2-3-49

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Paul Holcomb

14. MOTHER'S MAIDEN NAME: Anne Debeved

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

34.3 X

Immediate cause (a) Post encephalitic brain damage - Spastic quadriplegia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy 2½ yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 19 53, to 5-11, 19 53, that I last saw the deceased alive on 5-11, 19 53, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns (Degree or title) M.D ADDRESS: Rosewood State Tr. Sch. Owings Mills Md DATE SIGNED: 5-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 5/11/53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Smithfield, Pa

DATE RECD BY LOCAL REGISTRAR 5/11/53 REGISTRAR'S SIGNATURE A. M. Hedrick

24. FUNERAL DIRECTOR Wm J. Tickner & Sons ADDRESS No. Bo Ave

5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04802

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line
LENGTH OF STAY (in this place) 15 yrs.-
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Holloway

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 19 53.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: November 16 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home.

11. BIRTHPLACE (State or foreign country): Stewartstown, Pa. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Hammers.

14. MOTHER'S MAIDEN NAME: Amanda Thompson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: William A. Holloway - Maryland Line Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease — Interval Between Onset And Death: 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 7 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to May 12, 1953, that I last saw the deceased alive on May 6, 1953 and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE Paul D. Shaub (Degree or title) M.D. ADDRESS Shrewsbury, Pa DATE SIGNED 5-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 15 1953 NAME OF CEMETERY OR CREMATORY New Freedom Cemetery LOCATION (City, town, or county) New Freedom, York Co. (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 6/3/53 REGISTRAR'S SIGNATURE Charles L. Fuller

24. FUNERAL DIRECTOR Jacob Harlenstein ADDRESS New Freedom, Pa.

VS. A15

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4124 Slater Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) E. Joppa Rd

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) (Last) Holmes

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 3-1889

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: OWN Home

11. BIRTHPLACE (State or foreign country): Balto Co

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Peter Williams

14. MOTHER'S MAIDEN NAME: Ella Maxfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Warren Holmes. 4124 Slater Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	2 Mos.
Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Pastal Cirhosis	3 1/2 yrs

5410

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1953, to 5/5, 1953, that I last saw the deceased alive on 5/4, 1953, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Telford F. Hudson M.D. — ADDRESS Fork, Md. — DATE SIGNED 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 5/8/53 — NAME OF CEMETERY OR CREMATORY Parkwood Cem — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 5/7/53 — REGISTRAR'S SIGNATURE W M Hammett

24. FUNERAL DIRECTOR — ADDRESS Lanahan Funeral Home 7401 Belair Rd

VS. A15

RECEIVED
MAY 18 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 745 W. Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) HOPKINS

4. DATE OF DEATH: (Month) MAY (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 9/21/1889

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer - Construction

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Hopkins

14. MOTHER'S MAIDEN NAME: Fannie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 220-05-3259

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease with — Interval Between Onset And Death: Unknown

DUE TO decompensation

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonitis, left lung, etiology undetermined — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to May 17, 1953, that I last saw the deceased alive on and that death occurred at 1:10 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): IRVING FREEMAN, M.D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 5/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/21/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetary — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/[illegible] — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Katie R. Williams — ADDRESS: 322 N. Schroeder St. Baltimore, Md.

5, Mrs Katie R Williams 322 N Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay; LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1716 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 1716 Rolling Road

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) HOUKE

4. DATE OF DEATH: (Month) MAY (Day) 29 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): SINGLE

8. DATE OF BIRTH: July 27, 1864

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Sardine S. Houke

14. MOTHER'S MAIDEN NAME: Martha Frances McCasland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Delores Sherlock 1716 Rolling Rd. Relay 27 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary disease - fibrillation - arterio Sclerosis — Interval Between Onset and Death: several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Gastric ulcerated — 48 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to May 29, 1953, that I last saw the deceased alive on May 27, 1953 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic V. Bender M.D. 1014 Francis Ave Balto 27 - Md May 29 - 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: May 31, 1953 | NAME OF CEMETERY OR CREMATORY: Beverly Cemetery | LOCATION (City, town, or county) (State): Beverly, Ohio

DATE REC'D BY LOCAL REG. 5/29/53 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: John C. Mitchell & Sons Inc. — ADDRESS: 1900 Eastern Place Balto.

Fred. Beitler

Frances Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04806

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Warren Rd.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Emory (Last) Howard

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 15 September 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Rayville, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Howard

14. MOTHER'S MAIDEN NAME: Mary George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-03-022

17. INFORMANT & ADDRESS: Julia Turnbaugh, Cockeysville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	7 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized and Cerebral Arteriosclerosis	over 6 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to May, 1953, that I last saw the deceased alive on 10 May, 1953, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Walter T. Rees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED 11 May 1953

23. BURIAL, CREMATION REMOVAL (Specify) Buried | DATE THEREOF 5-13-53 | NAME OF CEMETERY OR CREMATORY Poplar Grove | LOCATION (City, town, or county) (State) Cockeysville, Md

DATE REC'D BY LOCAL REG. 12 May 53 | REGISTRAR'S SIGNATURE Anna Annie Fiad MacRae | 24. FUNERAL DIRECTOR L. Scott Brooks, Sparks, Md. ADDRESS

VS. AIB

RECEIVED
MAY 14 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14807

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
STREET ADDRESS (If rural, give location) Falls Road

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Samuel (Last) Howard

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Hard

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 17 June 187?

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Baltimore City Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Orlando Howard, Cockeysville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

Immediate cause (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral & General arteriosclerosis — over 7 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1946, to May, 1953, that I last saw the deceased alive on 13 May, 1953, and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter T. Rees M.D. Cockeysville Md. 17 May 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-20-53

NAME OF CEMETERY OR CREMATORY Douglas Methodist

LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REG. 18 May 53

REGISTRAR'S SIGNATURE Emma Armistead MacRae

24. FUNERAL DIRECTOR ADDRESS

T. Scott Brooks, Sparks, Md.

RECEIVED
MAY 20 1953
BUREAU V. S.

04808

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown R.F.D.2
LENGTH OF STAY (in this place) 6
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown R.F.D.2
STREET ADDRESS (If rural give location) Glen Falls Road

3. NAME OF DECEASED: (Type or Print) (First) Texie (Middle) Elizabeth (Last) Ireland
4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec.16,1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Louden County,Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas J.Fields
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: John Harry Ireland,Reisterstown,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X
Immediate cause (a) Generalized carcinomatosis ..... 8 mos.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of transverse colon ..... 6 mos.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: Sept. 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma transverse colon with generalized metastasis
20. AUTOPSY? Yes No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) none
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17- ,19 38 to 5-14- ,19 53, that I last saw the deceased alive on 5-11- , 19 53, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE J.D. Eaglas. (Degree or title) M.D. ADDRESS 6 Hanover Road, Reisterstown, Md. DATE SIGNED 5-15-'53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 17,1953
NAME OF CEMETERY OR CREMATORY Knoxville Cemetery
LOCATION (City, town or county) (State) Frederick County,Md.

DATE REC'D BY LOCAL REGISTRAR 5-15-53
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR ADDRESS J.F.Eline & Sons,Reisterstown,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MAY 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Phoenix (rural) | LENGTH OF STAY (in this place): Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Phoenix (Piper Mill Rd)

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Cleveland (Last) Jackson

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married	April 25, 1885	68 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Harry T. Campbell Sons & Sons		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Buchannan Jackson	Harriet Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no.	215-12-5202-A	Mrs. Howard Jackson, Phoenix, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cachexia	3 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Prostatic carcinoma with	2 years.
	(c) DUE TO metastases	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1952, to May, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth B. Sherrill, M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	5-29-53	Chestnut Grove	Phoenix, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-28-53	M. Elizabeth Forwell	J. Scott Brooks	Sparks, Md.

VS. A15

RECEIVED
MAY 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5 3 11)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1351 Woodyear Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): JOSEPH W. JACKSON

4. DATE OF DEATH: (Month) (Day) (Year): May 22, 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married-Sep.

8. DATE OF BIRTH: 3/16/10

9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: City employee

11. BIRTHPLACE (State or foreign country): Mt. Vernon, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jackson

14. MOTHER'S MAIDEN NAME: Lottie Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 213-07-6909

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF ESOPHAGUS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: 2 Years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/7/51

19b. MAJOR FINDINGS OF OPERATION: esophagogostrostomy. Resection of carcinoma lower third of esophagus and

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1953, to May 22, 1953, [illegible] VA, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William B. VANDEGRIFT, M.D.
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 5/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/25/53
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: May 25/53 8 A M
REGISTRAR'S SIGNATURE: [signature] R.D. 3

24. FUNERAL DIRECTOR: Arlington S. Phillips
ADDRESS: 1808 N. Monroe St. Baltimore, Md.

VS. A15

14811

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 66 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3031 Walbrook Avenue

3. NAME OF DECEASED: (Type or Print) (First) SNOW (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) May 2 (Day) (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-11-04

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.: Warehouseman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chuckatuck, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Jackson

14. MOTHER'S MAIDEN NAME: Victoria Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) HODGKIN'S DISEASE — 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1953, to May 2, 1953 [illegible] and that death occurred at 6:25 A.M., from the causes and on the date stated above.

(Signature) William B. VanDegrift (Degree or title) M. D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 5-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 5/4/53 — NAME OF CEMETERY OR CREMATORY Oakland Cemetery — LOCATION (City, town, or county) (State) Chuckatuck, Virginia

DATE REC'D BY LOCAL REGISTRAR 5/4/53 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore, Md.

SHIPPED TO: T. E. Cook, Funeral Home, 361 E. Washington St., Suffolk, Virginia

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waters & Back River.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Md. Balto 21.
STREET ADDRESS (If rural, give location) 300 S. Marlyn ave

3. NAME OF DECEASED (Type or Print): (First) Coy (Middle) Robert (Last) Johnson
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 53.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	single	May 7-1938	15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Schoolboy	none	Marion N. C.	

13. FATHER'S NAME: Robert Johnson
14. MOTHER'S MAIDEN NAME: Nora Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Parents (305 Marlyn Ave.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
May 8-1953. 10 a.m.		Jumped out of boat Drowning in Back River.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. McCormic M.D	Deputy Medical Examiner	Balto Co. Dundalk 22 Md	5/10/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	May 10-53	Simmons Cemetery	North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/10/53	Edith Hurley	John F. Connelly	418 Eastern Ave —

The body was seen + Examined by Dr. M.B. Davis, Asst. Med. Exam

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]813

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 604 Hastings Road

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) S. (Last) Johnson

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 8, 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Smith

14. MOTHER'S MAIDEN NAME: Anne Harburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ernest R. Trouche, 604 Hastings Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	442X	(a) Cerebral Thrombosis	6 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	(b) Hypertension Cardiac Renal	
	DUE TO	(c) Vascular Disease	15 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 49, to May 17, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Charles F. Connell MD 750 Yark Rd 5/18/53

23. BURIAL, CREMATION REMOVAL (Specify): removal

DATE THEREOF 5/18/53

NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery

LOCATION (City, town, or county) (State) Chicago, Illinois

DATE REC'D BY LOCAL REG. 5-18-53

REGISTRAR'S SIGNATURE A.J. Bedwick M.D.

24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3023 Presstman Street

3. NAME OF DECEASED: (Type or Print) (First) REGINALD (Middle) F. (Last) JOHNSON, JR.

4. DATE OF DEATH: (Month) May 12 (Day) (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-13-26

9. AGE last birthday: 26 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Cook - Asst. Mess.

10b. KIND OF BUSINESS OR INDUSTRY: J

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Reginald

14. MOTHER'S MAIDEN NAME: Louise Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 217-20-1685

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

59-X

Immediate cause (a) CHRONIC NEPHRITIS — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 19 53, to May 12, 19 53 [illegible] and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift, M. D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 5-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/16/53 — NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Cemetery — LOCATION (City, town, or county) (State): Arbutus, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/15/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 23515

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY 03 X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co
STREET ADDRESS (If rural, give location) 7855 Eastern Ave

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Franklin (Last) Jones

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: Dec 15, 1856

9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR: Months 5 — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw furnisher & Brass cutter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: First. Died before he was born, does not know

14. MOTHER'S MAIDEN NAME: Eliza - Last name unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
334.X
Immediate cause (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Month
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ....., 1952, to May 21, 1953, that I last saw the deceased alive on May 20, 1953 and that death occurred at May 20 8a m., from the causes and on the date stated above.

SIGNATURE Walter T. Lee (DEGREE OR TITLE) M. D. ADDRESS Cockeysville Md DATE SIGNED 5/21/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF May 23 - 53 NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. May 22/53 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, ADDRESS St. Paul & Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DATE

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]16

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS @ Orchard Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) Orchard Rd.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Alvin (Last) Kaylor

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-14-1898

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kaylor PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel L. Kaylor

14. MOTHER'S MAIDEN NAME: Emma Mc Elhaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-03-4800

17. INFORMANT & ADDRESS: Stella Viola Kaylor - Orchard Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

24 hrs

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 5 wks.

DUE TO

Antecedent causes (b) Arteriosclerotic Heart disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c) Asthma Bronchiale

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 54, to May 18, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 1130, from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Salamon — ADDRESS Pikesville Md. — DATE SIGNED 5/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-21-53 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) Pikesville — (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-19-53 — REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR — ADDRESS Frank H. Meurer - Pikesville Md.

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]17

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 803 Woodsdale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimre
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 803 Woodsdale Ave

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) MAY (Last) KINSEY

4. DATE OF DEATH: (Month) (Day) (Year) 5-11-53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 3-16-1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Damascus, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: W. Morrison Kinsey, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Selerosis — 3+

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 — (CITY OR TOWN): 0 — (COUNTY): 0 — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 19 53, to 5/11, 19 53, that I last saw the deceased alive on 5-10, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) MD — ADDRESS: Catonsville Md — DATE SIGNED: 5/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-14-53 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: 5/14/53 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

RECEIVED
MAY 18 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 207 Shady Nook Court

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 207 Shady Nook Court

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) K. (Last) KLECAN

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: August 1, 1888

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdinand Berkenkemper

14. MOTHER'S MAIDEN NAME: Louise Mertel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Agnes Bradley, 207 Shady Nook Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

172X

Immediate cause (a) Carcinoma of Left Uterus — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) & multiple Pulmonary

DUE TO

(c) Metastases & generalized Carcinomatosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1953, to 5/26, 1953, that I last saw the deceased alive on 5/26, 1953, and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John E. Tracy M.D. ADDRESS Halethorpe, Md DATE SIGNED 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 5/30/53

NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial Park

LOCATION (City, town, or county) (State): Dorsey, Maryland

DATE RECD BY LOCAL REG. 5/28/53

REGISTRAR'S SIGNATURE: W W Hedrick

24. FUNERAL DIRECTOR: Wm. Colt, Inc., ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Hills Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3000 W. Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) R. (Last) KONTNER

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: October 24, 1878

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Laurel, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Flester

14. MOTHER'S MAIDEN NAME: Adelaide Luber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frederick H. Kontner, 1618 Walterswood Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

154X

Immediate cause (a) Carcinoma of Rectum — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 1952 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1953 to 5/6, 1953 that I last saw the deceased alive on 5/4, 1953 and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Chas. R. Kahn MD (DEGREE OR TITLE) ADDRESS 2145 W Baltimore St DATE SIGNED 5/9/53

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF 5/9/53 — NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5/9/53 — REGISTRAR'S SIGNATURE Peter V. Fedrick Deputy

24. FUNERAL DIRECTOR Wm Cook Sons — ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN
LENGTH OF STAY (in this place) 35 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CALVERT & HAMILTON ROADS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN.
STREET ADDRESS (If rural give location) CALVERT & HAMILTON ROADS.

3. NAME OF DECEASED: (Type or Print) (First) BEATRICE (Middle) ANN (Last) KOUBIK.

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: FEB. 5, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): AUSTRIA

12. CITIZEN OF WHAT COUNTRY? AUSTRIA.

13. FATHER'S NAME: HUGO FRIEB

14. MOTHER'S MAIDEN NAME: ANNA JELINEK

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HUSBAND - JAMES KOUBIK CALVERT & HAMILTON Rds. BALTO. 7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL HEMORRHAGE. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1953, to 5/26, 1953, that I last saw the deceased alive on 5/25, 1953 and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin H Burpee M.D. ADDRESS 8204 LIBERTY Rd. BALTO. 7, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 29/53 NAME OF CEMETERY OR CREMATORY Oak Hill LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 26, 1953 REGISTRAR'S SIGNATURE A. M. Hedrick

24. FUNERAL DIRECTOR Harry H. Leitz Jr. ADDRESS 4101 Edmondson Ave.

VS. M5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]21

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporato limits, write RURAL OR and give nearest town) TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1646 Rickenbacker Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 1646 Rickenbacker Rd.

3. NAME OF DECEASED: (Type or Print) (First) RONALD (Middle) — (Last) KULAKOWSKI

4. DATE OF DEATH: (Month) (Day) (Year) May 18TH 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 10-1952

9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months 5 Days 8 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore City Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Kulakowski

14. MOTHER'S MAIDEN NAME: Stella Szymanowicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Parents - 1646 Rickenbacker Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/X

Immediate cause (a) Acute Bronchiolitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17 1953, to May 18, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 1930 p.m., from the causes and on the date stated above.

SIGNATURE John C Baier M.D. (DEGREE OR TITLE) ADDRESS 815 Eastern Ave-Essex DATE SIGNED May 19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/19/53

NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.

LOCATION (City, town, or county) German Hill Rd. (State) Md

DATE REC'D BY LOCAL REG. May 19, 1953

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly

ADDRESS 418 Eastern Ave Balto 21 Md.

20V2403406

VS-415

RECEIVED
MAY 21 19
BUREAU W.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 28 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2724 Myra St

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) M (Last) Kurelk

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 30, 1913

9. AGE last birthday: 40 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Slowikowski

14. MOTHER'S MAIDEN NAME: Antoinette Wisniecki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bilateral Pyelonephrosis	2 months
	DUE TO (c) Bilateral Nephrolithiasis	4yrs. plus

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1953, to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 5 1/2 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B Herrmann-Green M.D. ADDRESS Spring Grove State Hosp Catonsville 28, Md DATE SIGNED May 25 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 29, 1953
NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/28/53
REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04823

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY none; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Fulton Avenue

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Arnold (Last) Lee

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 4, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Arnold

14. MOTHER'S MAIDEN NAME: Emma Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Muriel Lee Pilling, 1629 Columbia Rd., NW Wash. 9, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0 Immediate cause (a) Myocardial dilatation & failure — Interval Between Onset and Death: 72 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, Generalized, Severe — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Amyloidosis, anklyosis hip & knees, decubitus ulcer — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1953, to 5-22, 1953, that I last saw the deceased alive on 5-19, 1953, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE: Forbes Lee McInnes (Degree or title) MD ADDRESS: Catonsville 28 Md. DATE SIGNED: 5-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5 - 25 - 53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5/25/53 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place

By B Mitchell

Item 18 Film 3154 6-1-53 sm

1121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place): 3½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Pentridge Apts., Lock Raven Blvd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Segerman (Last) Leist

4. DATE OF DEATH: (Month) May (Day) 22, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11 - 15 - 1866

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Segerman

14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Wilson Braun 337 Paddington Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
545X Immediate cause	(c) Intestinal Obstruction	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) Hypertensive Cardio Vas. Disease	Abt 10 years
	(b) Cerebral Hemorrhage - Right Hemiplegia	on adm 4-5-52

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21/, 19 21; to 5/22/, 19 53, that I last saw the deceased alive on 5/22/, 19 53, and that death occurred at 7.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Theodore H. Morrison M.D. ADDRESS: 11 E. Chase St., Baltimore, Md. DATE SIGNED: 5-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5- 25 - 53 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 5/25/53 — REGISTRAR'S SIGNATURE: A W Bedard

24. FUNERAL DIRECTOR: John J. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place

M B Mitchell

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. THEODORE H. MORRISON

St. Morrison

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5509 Windsor Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 5509 Windsor Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) J. (Last) Loesch

4. DATE OF DEATH: (Month) (Day) (Year) May 30/53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 27, 1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Gus Wirth

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Loesch

14. MOTHER'S MAIDEN NAME: Annie Goepert Loesch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Nathalie S. Loesch, 5509 Windsor Mill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastasis to Brain — Interval Between Onset And Death: 2 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Lung — 1 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 5 1952

19b. MAJOR FINDINGS OF OPERATION Carcinoma at hilus of left Lung

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1932, to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 8.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Cyberth. Mortimer Jr Md — ADDRESS 2706 St Paul St — DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 2/53 — NAME OF CEMETERY OR CREMATORY Moreland Memorial P.K. — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 6/2/53 — REGISTRAR'S SIGNATURE [signature] — **24. FUNERAL DIRECTOR** Harry H. Mitzel — ADDRESS 4101 Edmondson Ave.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04826

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AJ8A

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills; LENGTH OF STAY (in this place) 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills; STREET ADDRESS (If rural, give location) Rosewood School

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Aija	J	Lusis	May	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Female	White	Single	Dec. 10, 1934	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student nurse at Rosewood School		Trikta, Latvia	Latvia

13. FATHER'S NAME: David Lusis

14. MOTHER'S MAIDEN NAME: Austra Siklins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mudite Lusis, Rosewood School, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shot thru ~~l~~ chest and heart (self inflicted)	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

976x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Bldg. K, Rosewood School	Owings Mills	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
May 1, '53 1 a.m.		Shot thru l. chest & heart with 30-30 Marlin rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	Deputy Med. Exam., M.D.	Reisterstown, Md.	May 1, '53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 4, 1953	Saginaw	Saginaw, Michigan

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-1-53	Mary B. Eline	J.F. Eline & Sons	Reisterstown, Md.

RECEIVED
MAY 6 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]27

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

VS. A15 (1) PLEASE

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4221 Milford Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 4221 Milford Mill Rd.

3. NAME OF DECEASED: (First) LEAFY (Middle) C. (Last) MacDERMOTT
4. DATE OF DEATH: (Month) May (Day) 19, (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 26, 1896
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Willard Croswell
14. MOTHER'S MAIDEN NAME: Ella White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mr. Thomas L. MacDermott-4221 Milford Mill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	170 X Metastases to multiple bones	18 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Carcinoma of right breast	20 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1933
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....,1952, to May 19., 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at ....9 P.M.... , from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alan Bernstein MD 1109 N Calvert St (2) 5/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/22/53
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 5-22-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.D.
24. FUNERAL DIRECTOR Wm. J. Palmer & Son
ADDRESS Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore Co.
(a) Baltimore City, Maryland
(b) Street address 7401 Linden Ave. Overlea
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 03X
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7401 Linden Ave Overlea
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Maith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Married

6 (b) Name of husband or wife Walter Maith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
43 yrs.			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business

FATHER
12. Name John Lawson
13. Birthplace Va.

MOTHER
14. Maiden Name Sinia Driggs
15. Birthplace Va.

16 (a) Informant Walter Maith
(b) Address 7401 Linden Ave. Overlea

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/53 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port - Balto. Md. Inc.

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 1949 Edmondson Ave.

19 (a) 5-19-53 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1953 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1953 to May 14 1953, and that I last saw h[illegible] alive on May 14th 1953.

Immediate cause of death	Duration
(a) Uremia	4 hrs.
Due to (b) Hypertension	
Due to (c) Arteriosclerosis	1 yr.
Other Conditions 331X	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F Yeager M. D.
Address 1411 Overlea Date signed 5/14/53

PHYSICIAN

Underline the cause to which death should be charged statistically.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 018291

CERTIFICATE OF DEATH

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) MARYLAND 4 Yrs. 10 Mos. 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 10 St. Martins Road

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Campbell (Last) Marshall

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 21, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James Campbell

14. MOTHER'S MAIDEN NAME: Julia Doyle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized arteriosclerosis — 8yr +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, Bronchopneumonia — Short Term

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1948, to May 8, 1953 that I last saw the deceased alive on May 7, 1953, and that death occurred at 12:15 AM, from the causes and on the date stated above.

SIGNATURE W. W. Elgin (Degree or title) M.D. ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson 4 DATE SIGNED 5/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5/11/53

NAME OF CEMETERY OR CREMATORY Cathedral Cemetery

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE RECD BY LOCAL REGISTRAR May 9, 1953

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR H. M. Mears Son ADDRESS 805 N. Calvert St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 146 Oak Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) 146 Oak Ave

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) (Last) MARSHALL

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 5-21-53

9. AGE last birthday: 10 days yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Edgemere Md.

12. CITIZEN OF WHAT COUNTRY? Country

13. FATHER'S NAME: Jack Harrell

14. MOTHER'S MAIDEN NAME: Mary Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary Marshall Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE Otitis Media

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R W Fisher MD 700 Food St 5/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 2nd 53
NAME OF CEMETERY OR CREMATORY Mt Calvary
LOCATION (City, town, or county) (State) A.A. County

DATE REC'D BY LOCAL REG. 6/3/53
REGISTRAR'S SIGNATURE Dorr

24. FUNERAL DIRECTOR Elroy O Wilson ADDRESS 1000 Brantley Av

1053B14364

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Harlem Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 612 Harlem Lane

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) E. (Last) MARTINI

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Feb. 4, 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Repairer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -- Martini

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-7397

17. INFORMANT AND ADDRESS: Mrs. Stella Talbott - 612 Harlem Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1-2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nephrosclerosis
(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to May 16, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 12 A.M. 5/16/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) James J Wolan MD ADDRESS 604 Edmondson Ave Catons. 5/16/53 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/19/53 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 5/19/53 | REGISTRAR'S SIGNATURE [illegible] Deputy

24. FUNERAL DIRECTOR Wm. J. Palmer & Sons ADDRESS Balto 1, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9483

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-White Hall
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall.
STREET ADDRESS (If rural give location) Old York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Lettie (Middle) B. (Last) McCullough.

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: November 9 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Norrisville, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Duncan

14. MOTHER'S MAIDEN NAME: Elizabeth Belle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT'S ADDRESS: James C. McCullough - White Hall, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolism resulting — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) in right-sided Hemiplegia.

DUE TO

(c) Carcinoma of transverse colon primary 14 yr. ago

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Resulting in Metastasis then third abd. cancer.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 53, to May 11, 19 53, that I last saw the deceased alive on May 11, 19 53, and that death occurred at 10:15 P.M. from the causes and on the date stated above.

SIGNATURE Norman W. Lemmell (Degree or title) ADDRESS Stewartstown, Pa. DATE SIGNED May 13, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 15 1953 — NAME OF CEMETERY OR CREMATORY Middletown Cemetery — LOCATION (City, town, or county) (State) Freeland, Balto Co., Md.

DATE REC'D BY LOCAL REGISTRAR 5/18/53 — REGISTRAR'S SIGNATURE Ephesia L Preston

24. FUNERAL DIRECTOR Jacob Hartenstein — ADDRESS New Freedom, Pa.

VS. A1A

RECEIVED
MAY 20 1953
BUREAU V. S.

Dr. Stewart
6 E. Read Street
1 P.M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (In this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8127 Glen Gary Road	STREET ADDRESS (If rural, give location): 8127 Glen Gary Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Blair	Mc Gahan	May	13th	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	widowed	Apr. 16, 1896	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
accountant	Balto City	Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T Mc Gahan	Rachel Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I		Mrs. Virginia Cope, 8127 Glen Gary Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Hemorrhage	minutes
331X **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral Arterio Sclerosis	10 years
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1940, to May 13, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 8 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Amelia Rinehart	6 E. Read St	5/13/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 15, 1953	Baltimore National Cem.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/14/53	A. W. Hedrick	Leonard J. Ruck	5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18) 1953

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakehurst
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6021 Lakeview Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakehurst
STREET ADDRESS (If rural give location) 6021 Lakeview Rd.

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) A. (Last) McPHAIL

4. DATE OF DEATH: (Month) [illegible] (Day) 26, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 19, 1874

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Chm.Bd.

10b. KIND OF BUSINESS OR INDUSTRY: Supplies Plumbing & Heating

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McPhail

14. MOTHER'S MAIDEN NAME: Anna McCubbin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. J. Mabel McPhail-6021 Lakeview Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

Immediate cause (a) Rupture Aortic Aneurysm — Interval Between Onset And Death: 3 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — ?

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1949, to May 26, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 3.35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Scott M.D. 8 Longwood Road Balto 10 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 28, 1953

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECD BY LOCAL REGISTRAR: 5/27/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: [illegible] Richner & Sons

ADDRESS: Balto 17, Md.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Point Pleasant

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
EDWARD	(NMI)	MEREDITH	May 18	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	1-1-88	65 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Miner		Mt. Carmel, Pennsylvania	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Meredith	Annie Ivison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
✓ Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.1

Immediate cause (a) PERFORATED ULCER OF THE PYLORUS OF STOMACH — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from May 14, 1953, to May 18, 19 53 [illegible] and that death occurred at 11:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDERLIP, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-21-53	Glenhaven Cemetery	Glen Burnie, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-20-53	A. W. Bedrick M.D.	McCully Funeral Home	130 E. Fort Ave. Baltimore, Maryland

VS-115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04836

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS New Gerst & Joppa Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton

STREET ADDRESS (If rural give location) New Gerst & Joppa Rds.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) MESTL

4. DATE OF DEATH: (Month) May (Day) 15th, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 25, 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Triber

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Fred Mestl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422 1

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocardial Insufficiency — 5 yrs.

(c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 19 53, to May 15, 19 53, that I last saw the deceased alive on May 14, 19 53, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward H. Bacon ADDRESS 1 W. Overlea Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE: May 18, 1953

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 5-17-53

REGISTRAR'S SIGNATURE V. M. Hammett

24. FUNERAL DIRECTOR: Loeacher Funeral Home ADDRESS 7401 Belair Rd.

VS. A15

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 50 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2005 Ramblewood Road

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) K. (Last) MILLER

4. DATE OF DEATH: (Month) May 17 (Day) (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-29-85

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Racetrack

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Miller

14. MOTHER'S MAIDEN NAME: Anna Kellogg

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-16-8625

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset And Death: 10 HOURS
420.1

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 19 53, 7:25 P.M. to May 17, 19 53, 8:15 P.M., and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 5-20-53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR: 5-19-53 — REGISTRAR'S SIGNATURE: A. W. Bedwinek

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. — ADDRESS: Baltimore, Md.

SHIPPED TO: W. W. Chambers Co., 1400 Chapin St., N. W., Washington, D. C.

Mildred F. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural give location) Warren Rd

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Mary (Last) Mulvey

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 1953

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 7, 186[illegible]

9. AGE last birthday: 90 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Harford Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wallace Carroll

14. MOTHER'S MAIDEN NAME: Hannah Elizabeth Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. LeRoy Howard, Cockeysville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac Decompensation — Interval Between Onset And Death: 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive cardio-vascular disease — Interval Between Onset And Death: Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 53, to May 53, that I last saw the deceased alive on 3 May 53, and that death occurred at 11:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter T. Rees M.D. — ADDRESS Cockeysville Md — DATE SIGNED 3 May 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF 5-6-53 — NAME OF CEMETERY OR CREMATORY Poplar Grove — LOCATION (City, town, or county) (State) Cockeysville Md.

DATE REC'D BY LOCAL REGISTRAR 4 May 1953 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Aberdeen, Md.

VS. 415

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; LENGTH OF STAY (In this place) - 5 DAYS -; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY 0-21; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 2906 Forest Glen Rd

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Allan (Last) Mitchell

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: July 7-51

9. AGE last birthday: / yrs. If under 1 year: Months 2 Days 7; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Wesley Mitchell

14. MOTHER'S MAIDEN NAME: Irene Marie Conn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Francis W. Mitchell Meekins Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

924.x

Immediate cause (a) Asphyxia due to accidental — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home. (CITY OR TOWN) Mechins Rd-Randallstown (COUNTY) Balto. (STATE) Md

TIME OF INJURY (Month) May (Day) 8 (Year) 53 (Hour) 7 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Child hung himself in safety harness

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Taylor (Degree or title) Deputy Md Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: May 8 '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 5-12-53; NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery; LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 5/11/53; REGISTRAR'S SIGNATURE: A. W. Hulsemeyer

24. FUNERAL DIRECTOR ADDRESS: Ellsworth Ormacost 4600 Liberty Heights Ave

Item 18 Film G154 6-4-53 sm

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 21 da.; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton Box 413; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eddie (Middle) W. (Last) Morgan

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-21-1895

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (owner)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Morgan

14. MOTHER'S MAIDEN NAME: Iola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1st W. War

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT AND ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pending

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition Inanition Lehydration due to

(c) Mental Illness

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) Jos J McKiernan MD Path ADDRESS 1010 Lexington Bldg Balto 1 DATE SIGNED May 30, 53

PLACE OF DISPOSITION (Burial, Cremation, Removal) Burial; DATE THEREOF June 2, 53; NAME OF CEM. TERY OR CREMATORY Sacred Heart; LOCATION (City, town, or county) Bushwood (State) Md

DATE FILED BY LOCAL REGISTRAR'S SIGNATURE 5/30/53 V E Harry

24. FUNERAL DIRECTOR ADDRESS Jos C Mattingley Leonardtown md

MARGIN RESERVED FOR BINDING

EASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age
pecially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIR

RECEIVED
JUN 1 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5454 Addington Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5454 Addington Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 13, 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Sallie Page 1 - 5452 Addington Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Respiratory failure — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene of left foot & leg due to arteriosclerosis — Interval between onset and death:

(c) — Interval between onset and death:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertension, generalized, severe

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953, to May 22, 1953, that I last saw the deceased alive on 22 May, 1953 and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] C. Jones M.D. 4605 Edmondson Ave Balto. 5/25/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 25, 1953 — NAME OF CEMETERY OR CREMATORY: Western — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: May 25, 1953 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: John T. Stansbury - 2700 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1184

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parson Pt. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bth Stul Dispy

2. USUAL RESIDENCE (HOME) OF DECEASED: ~~STATE~~ England ~~COUNTY~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2 X

3. NAME OF DECEASED (Type or Print): (First) Septimus (Middle) (Last) Mouat
4. DATE OF DEATH: (Month) 5- (Day) 17 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Write): Married
8. DATE OF BIRTH: 10/13/1924
9. AGE last birthday: 28 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Cook
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Tryfvale
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY: England

13. FATHER'S NAME: Malcom Mouat
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Harold D. Fazakerley 96 Belgian Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

85/X **Immediate cause** (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Pier St. Outside
(CITY OR TOWN) Spurrs Pt (COUNTY) Balto (STATE) Md

TIME OF INJURY: (Month) (Day) (Year) (Hour) 5- 17- 53 3:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from Gangplank of Ship:

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M Spurrs M.D. - Wyndel Farm - Dundalk Md 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/20/53
NAME OF CEMETERY OR CREMATORY: Lorraine
LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 5/19/53
REGISTRAR'S SIGNATURE: Dan Newell Deputy
24. FUNERAL DIRECTOR: W. Cook Inc. 1217 St. Paul St.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1114.1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Lutherville
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NEW YORK COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
STREET ADDRESS (If rural give location) 65 MACON STREET

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) B. (Last) Norris

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED | 8. DATE OF BIRTH: JULY 6 1892 | 9. AGE last birthday: 56 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): DENTAL ASSISTANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BROOKLYN, N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EDWARD H. BYATT
14. MOTHER'S MAIDEN NAME: GRACE MCCLLECAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: BYATT SMITH, 2302 WASHINGTON ST. WILMINGTON, DELAWARE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death: 5 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec, 1953, to 6 May, 1953, that I last saw the deceased alive on 5 May 1953, and that death occurred at 3 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul H Royer M.D. ADDRESS Pikesville 8 Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
DATE THEREOF 5/6/53
NAME OF CEMETERY OR CREMATORY Green Mount Cemetery
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 5/6/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; MARYLAND; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) O'Connor

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 22, 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas H. O'Connor

14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-42-3012

17. INFORMANT AND ADDRESS: Balto. Co. Home Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive - arteriolar sclerotic — years.

(c) cardio-vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis, emphysema — years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19.51, to May, 19.53, that I last saw the deceased alive on May 22, 19.53, and that death occurred at 10:45a.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 5/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 5/25/53 — NAME OF CEMETERY OR CREMATORY: University Med School — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 5/24/53 — REGISTRAR'S SIGNATURE: W. J. Whitcomb — FUNERAL DIRECTOR: Frances G. Hemsley — ADDRESS: 5784 N. Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]45

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Owings Mills
LENGTH OF STAY (in this place): 12 yrs-10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ~~Balto.~~ Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. Rockville, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Ingrey (Last) Pack

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-26-23

9. AGE last birthday: 29 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: patient

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter Pack

14. MOTHER'S MAIDEN NAME: Olivia Cummings

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Institution Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.2

Immediate cause (a) ~~DUE TO~~: Status epilepticus — Interval Between Onset And Death: 3 hrs.40 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ~~DUE TO~~: Hydrocephalus — congenital

(c) Left spastic hemiplegia — since 4½yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 19 53, to 5-16, 19 53, that I last saw the deceased alive on 5-16, 19 53, and that death occurred at 2:40 AM, from the causes and on the date stated above.

SIGNATURE: Viola B. Johns — (Degree or title) M.D. — ADDRESS: Rosewood Owings Mills Md. — DATE SIGNED: 5-16-53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) — DATE THEREOF: May 18, 1953 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cem. Rockville — LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR: 5-16-53 — REGISTRAR'S SIGNATURE: Mary B. Sine — 24. FUNERAL DIRECTOR: Robert A. Naughton — ADDRESS: Baltimore

VS. 15

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk-ville — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dundalk Baking Co.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 23 S. COLLINGTON AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	BLAINE	PARKER	May	20	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	SINGLE	Dec 28, 1925	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BURNER	U.S. Steel	PENNA.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RICHARD C. PARKER	ZELLA MAY REAGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		JAMES R. PARKER 23 S. COLLINGTON AVE.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
973.1 Immediate cause	(a) Carbon Monoxide Poisoning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Car Shed	Dundalk	Balto	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
5	20	53	? m.		Car exhaust into Car, Accidental

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	Dundalk, Md.	5/21/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MAY 21, 1953	WESLEY CHAPEL	SCOTTDALE	PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 21-1953	William M. Kelly	ULLRICH FUNERAL HOME	2112 DUNDALK AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 22 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]547

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 611 Ensor Street (Belair Hotel)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A. (Last) PARLETT
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-15-94
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Marine Engineer
10b. KIND OF BUSINESS OR INDUSTRY: unk.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George Parlett
14. MOTHER'S MAIDEN NAME: Catherine Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 217-14-0272
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141 X

Immediate cause (a) CARCINOMA OF TONGUE — Interval Between Onset And Death: 8 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1953, to May 2, 1953, [illegible] and that death occurred at 4:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFF, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 5-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-5-1953 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/4/53 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR ADDRESS William Cook Funeral Home, Inc. St. Paul & Preston Sts., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 mos. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Mackelwain (Last) Patterson

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-28-1885

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Mackelwain

14. MOTHER'S MAIDEN NAME: ----- McDonald

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42

Immediate cause (a) Cardio-respiratory failure — Interval Between Onset And Death: 2 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic heart disease — Years

DUE TO

(c)

(260 X)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-, 1952, to 5-28-, 1953, that I last saw the deceased alive on 5-28-, 1953, and that death occurred at 11:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Herrmann M.D.

ADDRESS Spring Grove State Hospital Catonsville 28 Maryland

DATE SIGNED 5-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/1/53

NAME OF CEMETERY OR CREMATORY Baltimore Memorial Gardens

LOCATION (City or town) (County) (State) Bel Air Harford Md

DATE REC'D BY LOCAL REGISTRAR 5/29/53

REGISTRAR'S SIGNATURE V. E. Harris

24. FUNERAL DIRECTOR Charles E. Kurtz

ADDRESS Jarrettsville Md

VS/A15

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 E. Susquehanna Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Towson
STREET ADDRESS (If rural, give location) 203 E. Susquehanne Avenue

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Arthur Brooks (Last) Peters

4. DATE OF DEATH: (Month) May (Day) 29th (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 12, 1909

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traffic Manager

10b. KIND OF BUSINESS OR INDUSTRY: Bendix Corp

11. BIRTHPLACE (State or foreign country): Orville, Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl D. Peters

14. MOTHER'S MAIDEN NAME: Alice Prickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Martha J. Peters, 203 E. Susquehanna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina pectoris — Interval between onset and death: 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1953, to May 29, 1953, that I last saw the deceased alive on May 29, 1953, and that death occurred at 6:55 P.m., from the causes and on the date stated above.

SIGNATURE Patrick E. McGlynn (Degree or title) MD ADDRESS 201 W Madison Street Baltimore Md DATE SIGNED 5-30

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 2-1953 — NAME OF CEMETERY OR CREMATORY Moreland Park — LOCATION (City, town, or county) (State) Balto Maryland

DATE REC'D BY LOCAL REG. 6/1/53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Leonard J. Luck — ADDRESS 5305 Harford

None

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Slaughter Pneumonia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS 139 S August Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) L (Last) Peters
4. DATE OF DEATH: (Month) MAY (Day) 30 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 8-24 77
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: August M Hummel
14. MOTHER'S MAIDEN NAME: Mary T Trimble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs L Hummel 141 August Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4434
Immediate cause (a) Acute Cardiac failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio Vascular disease (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. M. Kieffer M.D. Resident Balto Md R.D. Loudon Md May 30 53

(CREMATION, BURIAL, Specify) Burial | DATE THEREOF 6-2-53 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) (State) Balto Md

DATE RECD BY LOCAL REG. 6/1/53 | REGISTRAR'S SIGNATURE Asst Registrar | 23. FUNERAL DIRECTOR ADDRESS J.F.C. & B.M. Walters Pratt & Hunter St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 53

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY: Balto. | MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 34 Nunnery Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. | COUNTY: Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
STREET ADDRESS (If rural give location): 34 Nunnery Lane

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) W. B. (Last) PHILLIPS

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 13, 1891

9. AGE Last birthday: 62 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Gate Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Elec.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Darius Phillips

14. MOTHER'S MAIDEN NAME: Mary Alice Voorhees

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Carrie G. Phillips - 34 Nunnery Lane

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 163X Bronchopneumonia — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Adeno Carcinoma (Bronchogenic)
DUE TO (c) Metastatic tumors Lung

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ..., 1946, to May 26, 1953, that I last saw the deceased alive on 5/26 ..., 1953, and that death occurred at 1:20 Am from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: 1115 St Paul St. Baltimore 2 Md

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/29/53

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 5/27/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons

ADDRESS: Balto. 17, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) Church Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Oden (Last) Phillips

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 26, 1888

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Transit

11. BIRTHPLACE (State or foreign country): Randallstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Menrod Phillips

14. MOTHER'S MAIDEN NAME: Laura Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-1535

17. INFORMANT AND ADDRESS: Mrs. Alice M. Phillips, Church Road, Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: ½ day

Antecedent cause(s) (b) Cardio-Vascular disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27/53, to 5/27/53, that I last saw the deceased alive on 5/27/53, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin, M.D. Randallstown, ~~Garrisonville, Md.~~ Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 30, 1953

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 5/25/53

REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: Phillips Funeral Home

ADDRESS: 4510 Liberty Heights Ave.

RECEIVED
JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 Wheeler Court

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
STREET ADDRESS (If rural, give location) 300 Wheeler Court

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Pierson (Last)

4. DATE OF DEATH: (Month) May (Day) 21, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1907

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilkinson Miss.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Will McDowell

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nathan Pierson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170X

Immediate cause (a) Hypostatic Pneumonia — DUE TO — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) anaemia, renal + liver failure — DUE TO — 3 mos.

(c) Carcinoma of the rectum with metastasis — 3 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 19 53, to May 21, 19 53, that I last saw the deceased alive on May 21, 19 53, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS DATE SIGNED

Harold Nichols, M.D. 815 N. Wimmer Ave. May 21, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5/26/1953 — NAME OF CEMETERY OR CREMATORY Mt Zion Cem — LOCATION (City, town, or county) Lansdowne (State) Md

DATE REC'D BY LOCAL REG. 5/25/53 — REGISTRAR'S SIGNATURE A W Hudson

24. FUNERAL DIRECTOR Mrs Katie B. Williams — ADDRESS 3224 Schroeder St

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 5 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines Nursing & Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 527 W. Franklin St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) F. (Last) Pietsch, Jr.

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Bargain House

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William F. Pietsch

14. MOTHER'S MAIDEN NAME: Mary Conrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 218-09-7692

17. INFORMANT AND ADDRESS: John F. Fisher 3801 Park View Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Myocardial insufficiency — 1 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis — 2 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1953, to 5-28, 1953, that I last saw the deceased alive on 5-28, 1953, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Elmer K. Gallagher | M.D. | Catonsville 28 Md. | 5-29-53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: 5-30-1953 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county): Baltimore | (State): Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

G. Howard Strong | 3207 W. North Ave.,

Victor Harris

RECEIVED
2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 mos 19 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 3104 Woodbine ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) K (Last) Pile

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-23-99

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sales manager

10b. KIND OF BUSINESS OR INDUSTRY: Advtg

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: Selden H Pile

14. MOTHER'S MAIDEN NAME: Mimi Selden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Spring Grove State Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

974.7

Immediate cause (a) Strangulation by hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY / CONTRIBUTING CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): hospital | (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) md

TIME OF INJURY (Month) May (Day) 30 (Year) 53 (Hour) 12 m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Hanging from rafter by rope in shed

22. I certify that I took charge of the remains described above, held an Autopsy / Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide / homicide, undetermined.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Leo J. Kieffer MD Physician Baltimore 1010 Leader ave 5-30-53

DISPOSITION (Burial, Cremation, Removal) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial 6-3-53 National Cem. Leavenworth Kansas

DATE RECEIVED BY LOCAL REGISTRAR 6/1/53 | REGISTRAR'S SIGNATURE Dorothy Redmond Deputy | 24. FUNERAL DIRECTOR Leonard J Luck | ADDRESS 5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 3-BC

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto; STREET ADDRESS (If rural give location) 5514 Purdue Ave

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Pandolfino

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 5/5/1874

9. AGE last birthday: 79 yrs. If UNDER 1 YEAR: Months, Days. If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Francesca P. Pandolfino

14. MOTHER'S MAIDEN NAME: Marianna Zannella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Frank Pandolfino 5514 Purdue Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Gangrene Dry Extremity left lower — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Thrombosis Iliac Artery left. — DUE TO — (c) Arteriosclerosis Generalized

450.1

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour); INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 1953, to 29 May, 1953, that I last saw the deceased alive on 28 May, 1953, and that death occurred at 3:45 AM, from the causes and on the date stated above.

SIGNATURE W. F. Pratt (Degree or title) M. D. ADDRESS 1707 Edmondson Ave Catonsville 28 md DATE SIGNED 29 May 53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial; DATE THEREOF 6/1/53; NAME OF CEMETERY OR ~~CREMATORY~~: Holy Redeemer; LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR; REGISTRAR'S SIGNATURE; 24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

Victor Harry

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-57

RECEIVED
JUN 2 1953
BUREAU V. S.

ITEMS 18-21&22 Film B154 5-14-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: BALTIMORE COUNTY; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville, BALTIMORE
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2810 Linganore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARKVILLE, BALTIMORE COUNTY
STREET ADDRESS (If rural, give location): 2810 LINGANORE AVE

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) (Last) POTTER
4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: OCT. 28. 1884
9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John S. Clark
14. MOTHER'S MAIDEN NAME: ELIZABETH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mr. Walter Potter. 2810 Linganore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9748 Immediate cause (a) Asphyxia due to hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home (CITY OR TOWN): PARKVILLE (COUNTY): BALTO. COUNTY (STATE): MARYLAND.
TIME OF INJURY (Month) 5 (Day) 1 (Year) 53 (Hour) 4 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hanged self

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* __, *Inquiry* __ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

SIGNATURE: R. F. Kohen (Degree or title): Chief Medical Examiner ADDRESS: DATE SIGNED: May 2nd, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-4-53 | NAME OF CEMETERY OR CREMATORY: Baltimore Cem. | LOCATION (City, town, or county) (State): Balto Md.

DATE RECD BY LOCAL REG: 5/4/53 | REGISTRAR'S SIGNATURE: A. W. Hebert | 24. FUNERAL DIRECTOR: Leonard J. Luck | ADDRESS: 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 27

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville, Rural; LENGTH OF STAY (in this place) 27; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2902 Robern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) ~~Joseph~~ 2902 Robern

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) E. (Last) Pazourek

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Oct 27, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Police.

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Pazourek

14. MOTHER'S MAIDEN NAME: Katherine - unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Evelyn Daughtry 2902 Robern

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Block DUE TO — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Previous Coronary 3 yrs ago DUE TO

(c) Obesity and Diabetes. 10 yrs plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostate cysts

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ~~Jan~~ May 23, 1953, to May 27, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 9 PM, from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Frank J. Kuck M.D. ADDRESS 7910 Harford Rd DATE SIGNED 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF May 30-1953; NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem; LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/27/53; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)53

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Catonsville
LENGTH OF STAY (in this place): 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Bernard (Middle) (Last) Quenn
4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married?
8. DATE OF BIRTH: 7/25/85
9. AGE Last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ind.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hugh Quenn
14. MOTHER'S MAIDEN NAME: Louisa Sardiner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: none

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Adenocaranoma of Rectum — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/21/53
19b. MAJOR FINDINGS OF OPERATION: Colostomy on 5/14/53 Rectal Biopsy done
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1953 to 5/30, 1953, that I last saw the deceased alive on 5/30, 1953, and that death occurred at 10:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Arthur M Hanson, MD. — ADDRESS: Spring Grove State Hosp — DATE SIGNED: 5/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 4/53 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 6-3-53 — REGISTRAR'S SIGNATURE: A M Hanson MD

24. FUNERAL DIRECTOR: Harry H. Nitsche — ADDRESS: 410 Edmondson Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (In this place) 12 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 2515 Liberty Parkway

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Raynor

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-9-1875

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Baking Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Chief Med Exam Balto Co — ADDRESS 1010 Leeds Avenue Balto 29 — DATE SIGNED 5-5-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF 5-8-53 | NAME OF CEMETERY OR CREMATORY Mt Carmel | LOCATION (City, town, or county) Balto - Md (State)

DATE REC'D BY LOCAL REG. 5/7/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Lilly & Zeiler Co. — ADDRESS 403 S. Wolfe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 7001 Brook Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ella (Last) Kerr Redding

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 12, 1872

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Harford Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Kerr

14. MOTHER'S MAIDEN NAME: Ellen Dadey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Margaret K. Franks 7001 Brook Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Septicemia	1-2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyoderma, Multiple	2 mos
	(c) Generalized Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953 to May, 1953 that I last saw the deceased alive on May 26, 1953 and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE James Foster (Degree or title) ADDRESS 6014 Edmondson Ave. DATE SIGNED May 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 30, 1953	St. Ignatius Cemetery	Hickory, Harford Co., Md.

DATE REC'D BY LOCAL REG. 5/29/53 — REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Joseph T. Foster Bel Air, Maryland

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4154

1. PLACE OF DEATH: COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 21. | LENGTH OF STAY (in this place) MARYLAND | HOSPITAL OR INSTITUTION OR STREET ADDRESS Wilson Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa Gardens | STREET ADDRESS (If rural, give location) 4 degree 4 Balto 20-Md

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Edward (Last) Redmond | 4. DATE OF DEATH: (Month) May (Day) 15 (Year) 53

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: July 24 1939 | 9. AGE last birthday: 13 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Salisbury, N.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ephriam F. Redmond | 14. MOTHER'S MAIDEN NAME: Pearl Houston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning | INTERVAL BETWEEN ONSET AND DEATH: 4.30 P.M.

929.8 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

P. Mcarmine M.D. Deputy Medical Examiner Balto Co. Dundalk 2-Md 5/15/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 18-53 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | LOCATION (City, town, or county) (State) Balto Co. Md

DATE REC'D BY LOCAL REG. 5/18/53 | REGISTRAR'S SIGNATURE D.E. Redmond | 24. FUNERAL DIRECTOR ADDRESS John G Connelly 418 Eastern Ave Balto 21 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BC

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answers to questions especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 46 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

00-01

STREET ADDRESS (If rural give location): 1605 W. Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) A. (Last) RICHARDSON

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Divorced	7-22-16	36 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck Driver		North Hampton, N. C.	U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Jennie Mae (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
✓ Yes	WW II	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

113X

Immediate cause (a) GLIOMA OF PONS — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-13-53 5-9-53	CRANIOTOMY, EXPLORATION OF BRAIN STEM & BIOPSY OF TUMOR VENTRICULOGRAM 5-5-53 VENTRICULOGRAM & VERTEBRAL ANGIOGRAM	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from April 10 19 53, to May 26, 19 53, [illegible] and that death occurred at 3:25 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 5-28-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/1/53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/29/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

gm. vm L B

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgway Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md a.i.
STREET ADDRESS (If rural, give location) 3717 Mc. Tavish Ave

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Lee (Last) Richmond

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar 4. 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Bass

14. MOTHER'S MAIDEN NAME: Elizabeth Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mr. Wilbur E. Schmale 3717 Mc. Tavish Ave 29

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized arteriosclerosis — Interval Between Onset and Death: "

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Terminal bronchopneumonia — 36 hours

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1953, to May 6, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Elvin N. Bridew, M.D. 5000 Old Frederick Road Balto 27, Md. 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 9-1953 — NAME OF CEMETERY OR CREMATORY: Western — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. May 7, 1953 — REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR John F. Teufel — ADDRESS 5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. STATE Md. | 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix | LENGTH OF STAY (In this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix

HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rd. | STREET ADDRESS (If rural, give location) Paper Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Nehrer (Last) Rieder | 4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow | 8. DATE OF BIRTH: Jan 9 1877 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Balto Co. Md | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Nehrer | 14. MOTHER'S MAIDEN NAME: ? Krueger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: August W. Rieder, Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 2 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

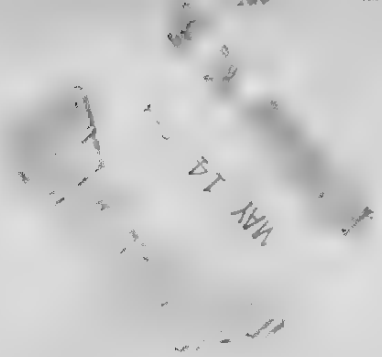
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1920, to May 10, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 4:20 A m., from the causes and on the date stated above.

SIGNATURE Luther Vickmond (Degree or title) | ADDRESS Baltimore Md | DATE SIGNED May 10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-13-53 | NAME OF CEMETERY OR CREMATORY Chestnut Grove | LOCATION (City, town, or county) Phoenix (State) Md

DATE REC'D BY LOCAL REG. May 13, 53 | REGISTRAR'S SIGNATURE M. Elizabeth Gorsuch | 24. FUNERAL DIRECTOR J. Scott Brooks | ADDRESS Hydes, Md


MAY 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04866

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 17yr.5mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A. Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 20 Linden Avenue

3. NAME OF DECEASED: (First) Agnes (Middle) (Last) Robonie
4. DATE OF DEATH: (Month) May (Day) 29, (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-10-1868
9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? Lithuania?
13. FATHER'S NAME: Simon Sherman
14. MOTHER'S MAIDEN NAME: Marien Kutchinska
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Cardiac failure — 21 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — Years

DUE TO (c) Generalized arteriosclerosis — Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral nephrolithiasis — Years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 19 53, to May 29, 19 53, that I last saw the deceased alive on May 29, 19 53, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann Jones (Degree or title) M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 5-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-2-53 — NAME OF CEMETERY OR CREMATORY Catholic Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/2/53 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Sergeant Funeral Home ADDRESS Catonsville, Md.

RECEIVED
JUN 4 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]67

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: 03X
STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE - 28
STREET ADDRESS (If rural, give location) 17 Beaumont Ave

3. NAME OF DECEASED: (Type or Print) (First) LINDON (Middle) ALFRED (Last) ROPER

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-6-1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months 7 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sign painter

10b. KIND OF BUSINESS OR INDUSTRY: Hecht Bros

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES ROPER

14. MOTHER'S MAIDEN NAME: Annie (?) ROPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-7411

17. INFORMANT & ADDRESS: MRS. DORIS R. GRIFFIN 17 Beaumont ave. Balto. 28

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 - 1.1

Immediate cause (a) coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) coronary sclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 19 53 to 5-11-, 19 53 that I last saw the deceased alive on 5-11-, 19 53, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Hand E. Edwards MD Spring Grove Sta Hosp. 5-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 14. 1953

NAME OF CEMETERY OR CREMATORY Loudon Park.

LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 5/13/53

REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR John F. Teufel ADDRESS 5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-White Hall
LENGTH OF STAY (in this place) 50yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stablersville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-White Hall
STREET ADDRESS (If rural give location) Stablersville.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) A. (Last) Rosier

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1953.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: November 4 1868 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (State or foreign country): Baltimore Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown.
14. MOTHER'S MAIDEN NAME: Sarah A. Imony

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Ernest Grubb. - WhiteHall, Md.RD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fi Chronic myocarditis — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

422.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to May 7, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. M. Pearce M.D. ADDRESS Parkton, Md. DATE SIGNED 5/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 10 1953 | NAME OF CEMETERY OR CREMATORY Stablersville | LOCATION (City, town, or county) (State) Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 8 1953 | REGISTRAR'S SIGNATURE Edwin F. Fuchs | 24. FUNERAL DIRECTOR ADDRESS Jacob Harlemen, New Freedom, Pa.

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1163)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 28
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1407 Covington Street

3. NAME OF DECEASED: (First) HOWARD (Middle) (NMI) (Last) ROSS
4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6/5/87
9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS INDUSTRY: U.S. P.O.
BIRTHPLACE (State or foreign country): Midland, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Ross
14. MOTHER'S MAIDEN NAME: Anna Umbel
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) √ Yes — (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unkown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hypertensive cardiovascular disease	Unknown
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Nephrosclerosis	Unknown
	DUE TO (c) Old left hemiplegia	Unknown
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1953, to May 10, 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert C. Bair M.D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 5/10/53

ROBERT C. BAIR, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 14, 1953 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 5/11/53 — REGISTRAR'S SIGNATURE a w Hedrick — 24. FUNERAL DIRECTOR — ADDRESS Howard Evans, 1400 S. Charles St., Balto. MD.

5 3 — ST — a-Howard Evans

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D 16711

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 10 E. Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) L. (Last) RULE
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	6-17-96	56 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Unknown	Roanoke, Virginia	U. S. A.

13. FATHER'S NAME: William P. Rule
14. MOTHER'S MAIDEN NAME: Martha Lee

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	216-05-9981	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
331.x Immediate cause	(a) INFARCT, RIGHT LENTICULAR NUCLEUS OF THE BRAIN	2 DAYS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953, to May 20, 1953 [redacted] and that death occurred at 8:10 A.M., from the causes and on the date stated above.

(Signature) (Degree or title) ADDRESS DATE SIGNED
WILLIAM B. VANKEGRIET, M. D. VAH, FORT HOWARD, MARYLAND 5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-22-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/53	A. H. Bedrick	Howard Blight Funeral Home	6009 Harford Road, Baltimore 14, Maryland
		Medred J. Blight.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Items 2,8,9,11,13,14,16,17,23 Film 164 6/8/53 wht

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04871

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Off Hyde Park Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hildred, Pa. X35
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) (Last) RUSIN

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4/2/19

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Coatsdale Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rusin

14. MOTHER'S MAIDEN NAME: Julia Kamsit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes ✓ (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 157-20-7470

17. INFORMANT AND ADDRESS: Mrs. Julia Rusin 1214 Fed Court L. United States Naval Station Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aspiration of blood due to .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of facial bones and skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY wooded area — (CITY OR TOWN) Off Hyde Park Rd.- — (COUNTY) Baltimore — (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY May 27, 1953 P m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Beaten about head

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

R.B. Fisher — Chief Medical Examiner-700 Fleet St.-Balto. 2, Md. — May 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 5-30-53 — NAME OF CEMETERY OR CREMATORY to — LOCATION (City, town, or county) (State) Baltimore, Pa

DATE REC'D BY LOCAL REG. May 30, 1953 — REGISTRAR'S SIGNATURE R.W. Hatch — 6-4-53

24. FUNERAL DIRECTOR — ADDRESS — B.L. Hopping and Son — Annapolis, Md.

COPY SENT TO LOCAL [illegible] DATE_____

RECEIVED
JUN 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] H. [illegible]
LENGTH OF STAY (In this place) 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2500 Edgecomb Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] H. [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 19 53

5. SEX: F.
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 1876
9. AGE last birthday: 77 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Mrs. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Of Cervix — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 5.10 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 520 A St. S.E. Ph 19 Md DATE SIGNED 5/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
DATE THEREOF: 5-7-53
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: May 22. 53
REGISTRAR'S SIGNATURE: Dawson L. Harbin
24. FUNERAL DIRECTOR: [illegible] ADDRESS [illegible]

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH
COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 32 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1824 PORTSHIP Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 1824 PORTSHIP Rd.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) GARFIELD (Last) SCHAUM

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Aug. 14, 1881

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: LOUIS SCHAUM

14. MOTHER'S MAIDEN NAME: MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 213-07-3507

17. INFORMANT AND ADDRESS: MAUDE A. SCHAUM - 1824 PORTSHIP Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
44 2X Immediate cause	(a) Cerebral Hemorrhage	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular	since 1939
	(c) Renal Uremia + Chronic Myocarditis	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1939, to May 19, 1953, that I last saw the deceased alive on May 19, 1953 and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard Burns M.D. | ADDRESS 59 Dundalk Ave | DATE SIGNED Dundalk 22 Md 5-21-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 5-22-53 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) (State) BALTO. CO. MD.

DATE REC'D BY LOCAL REG. May 22-1953 | REGISTRAR'S SIGNATURE William M Kelly | 24. FUNERAL DIRECTOR / ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1P

MAY 25 1953
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) York Rd.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) (Last) Schimang

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953

5. SEX: Female / FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: unknown

9. AGE last birthday: apparent 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housemaid

10b. KIND OF BUSINESS OR INDUSTRY: private home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Karl Schimang

14. MOTHER'S MAIDEN NAME: Henrietta Beale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Balto. Co. Home. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4211

Immediate cause (a) Coronary occlusion — Interval between onset and death: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1952, to May 3, 1953, that I last saw the deceased alive on May 3, 1953, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE Elizabeth B Schmidt, M.D. (Degree or title) ADDRESS Cockeysville, Md. DATE SIGNED 5/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 1953 — NAME OF CEMETERY OR CREMATORY: Moreland — LOCATION (City, town, or county) (State): Parkville Balto Co. Md

DATE REC'D BY LOCAL REG.: May 3 1953 — REGISTRAR'S SIGNATURE: Wm. J. Holcomb

24. FUNERAL DIRECTOR: J. Coons — ADDRESS: 8802 Harford Road

VS-T

RECEIVED
MAY 5 1953
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golden Ring — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Golden Ring & Phila Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex - Balto - 21
STREET ADDRESS (If rural, give location) 5 Clipper Road -

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Herbert (Last) Schrock
4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):
8. DATE OF BIRTH: 9-1-13
9. AGE last birthday: 39 yrs. — If under 1 year: Months 8 — If under 24 hrs.: Days 11, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Schrock
14. MOTHER'S MAIDEN NAME: Ella Marks (MARTZ)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.: 160-12-2556
17. INFORMANT AND ADDRESS: Helen Schrock (abov

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) M. Downs M.D. — ADDRESS Silver Run - Westminster - Md. — DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 16-53 — NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery — LOCATION (City, town, or county) (State) Berlin, Somerset Co. Pa.

DATE REC'D BY LOCAL REG. 5/13/53 — REGISTRAR'S SIGNATURE W. C. Hudson — 24. FUNERAL DIRECTOR John F. Connelly — ADDRESS Ensor

5

Item 9 FilmG155 6/19/53.whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Rural)
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4303 Lochearn

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Rural)
STREET ADDRESS (If rural, give location) 4453 Lochearn

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Leon	Schultz	May	7	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 21-1884	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Tobacco	Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Conrad Schultz	Mary Gaertner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212-05-0486	Alberta Schultz, Balto. 27 mo.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary Occlusion — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio Sclerosis — Years

(c) Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1951, to May 7 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

E. Bayard Greene, M.D. — 1609 Main St. Reisterstown, Md. — May 8, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 9, 1953	Loudon Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/8/53	C W Hodges JT	Joseph S. Lambros	1328 Edgewood Spring Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Wayne Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 507 Glen Allen Drive

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Frank (Last) Seabrease

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 7/24/1862

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail of Ice and Coal

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Henry Seabrease

14. MOTHER'S MAIDEN NAME: ? Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Henry D. Seabrease 507 Glen Allen Dr. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arterio Sclerosis Generalized

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma face left

191 X (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 May, 1953, to 30 May, 1953, that I last saw the deceased alive on 29 May, 1953, and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. E. McGrath M.D. ADDRESS: 1709 Edmondson Ave. Catonsville 28 Md DATE SIGNED: 30 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/3/53

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/1/53

REGISTRAR'S SIGNATURE: C. E. Harry

24. FUNERAL DIRECTOR: Easton Sons ADDRESS: Catonsville, Md.

RECEIVED
JUN 3 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 78

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. NAME OF DECEASED (Type or Print): Helen C. Smith

2. DATE OF DEATH: May 23, 1953

3. PLACE OF DEATH: A. Baltimore ~~City~~, Maryland Baltimore County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 812 Register Ave Armocost Nursing Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Homewood Apt. Charles St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widowed	Jan 16, 1877	76				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - -	Phila., Penna	U.S.A.

13. FATHER'S NAME: James Nolan

14. MOTHER'S MAIDEN NAME: Mary Daily

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No	Son- Phillip B. Smith	6303 Blackburn Ct.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.
DUE TO
(B) carcinoma of rectum — 4 yrs.
DUE TO
(C)

154-X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: arteriosclerosis — undetermined

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 1 st 1953	Rectal abscess - Inc. + drainage. Rectal carcinoma	YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* March 23, 1953, *to* May 22, 1953, *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* 2.45 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B. ADDRESS	23C. DATE SIGNED
W. C. Dunnigan	31 E North Ave	5/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 26, 1953	Holy Redeemer Cemetery	Bel Air Rd. Balti., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1953	Mabel Grey cmc	John A. Moran, 3000 E. Balti., St.	Baltimore, Md.

VS 150

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1746 Weston Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson - 4
STREET ADDRESS (If rural, give location) 1746 Weston Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	P	Smith, Sr.	May	18	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married.	Oct 27 1882	70 yrs.	6	21		

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
foreman C+P Telephone	Telephone	Baltimore Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph P. Smith	Dorothy Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212-03-6833	Mrs Winifred K. Smith (wife) 1746 Weston Towson 4 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Metastases — Ca. of Stomach — 5 mos.

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach. — 18 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic C.V. Dis. — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 31 1951	Ca of Stomach	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from August, 1948 to May 18, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lester A. Hall Jr. MD — 1039 St. Paul St. Baltimore-2 Md — May 18 '53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 21-1953	New Cathedral Cem	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/53	Rose Hodina	Leonard J. Ruck	5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto CO-11
STREET ADDRESS (If rural, give location) 4626 York Rd.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Elizabeth (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year): 5 - 14 - 53 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1873
9. AGE last birthday: 80 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jim Coffey
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mr. F. N. Smith Fla. York Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-vascular Disease with Cerebral Sclerosis — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis Severe — 5 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to May, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. H. Kamman, J. M.D. 501 Sheridan Ave. 5/16/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-16-53 — NAME OF CEMETERY OR CREMATORY: Cathedral — LOCATION (City, town, or county) (State): City

DATE REC'D BY LOCAL REG. 5-18-53 — REGISTRAR'S SIGNATURE: A. W. Bedrich M.D.

24. FUNERAL DIRECTOR — ADDRESS
Leach Lidz & Sons Inc. Greenmount & 33rd St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE Overlea
LENGTH OF STAY (in this place) LIFE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4007 Taylor Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE Overlea
STREET ADDRESS (If rural, give location) 4007 TAYLOR AVE.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) HENRY (Last) SMITHSON.

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1953

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 20 1895

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CABINET MAKER

10b. KIND OF BUSINESS OR INDUSTRY: Supervisor of Maint.

11. BIRTHPLACE (State or foreign country): HOWARD CO. ANNE ARUNDEL MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John SmithSon

14. MOTHER'S MAIDEN NAME: Sarah Beckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES. (If yes, give war or dates of service) 2/23/16 To 6/11/19

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS J.H. SmithSon 4007 Taylor Ave Balto. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION. — Interval Between Onset and Death: 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CORONARY SCLEROSIS — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to May 18, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James R. Mahon, M.D. 8019 Philadelphia Ave. Balto. 6, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 5/21/53 | NAME OF CEMETERY OR CREMATORY: BALTO. National Cem | LOCATION (City, town, or county) (State): BALTO. MD

DATE REC'D BY LOCAL REG.: May 19-1953 | REGISTRAR'S SIGNATURE: Mrs. Margt D Rafferdy

24. FUNERAL DIRECTOR ADDRESS: LASSAHN Funeral Home 7401 Belair Rd. BALTO. 6. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Govans
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3043 St Paul St

3. NAME OF DECEASED: (First) LINDSAY (Middle) COLEMAN (Last) SPENCER
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 19 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Married	July 5 1879	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Bar
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Spencer
14. MOTHER'S MAIDEN NAME: Emeline Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Chas D Spencer 3043 St Paul St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
331 X Immediate cause	(a) Pneumonia & atelectasis	2 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebr. Vascular accident	9 mos
	DUE TO (c) Generalized arteriosclerosis	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 5/11/53, 19, that I last saw the deceased alive on 5/11, 1953, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest C Brown Jr. M.D. 1101 N. Calvert St 5/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF May 14 '53
NAME OF CEMETERY OR CREMATORY Green Mount
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 5/13/53
REGISTRAR'S SIGNATURE W. [illegible]
24. FUNERAL DIRECTOR Henry L. Eminizer ADDRESS 490 Park Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY B
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Emersonian Apts.

3. NAME OF DECEASED: (First) HANNAH (Middle) (Last) STEIN
4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	April 10, 1870	83 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	New York	

13. FATHER'S NAME: Simon Friedenstein
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no			Mrs. W. B. Hartman-Severna Park, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Myocardial insufficiency - Coronary Artery Disease	- 2 wks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Artery Sclerosis -	- 2 yrs.
	DUE TO (c) Generalized Arteriosclerosis -	- 5 yrs.
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	5 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to May 10, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 12:30 Noon from the causes and on the date stated above.

SIGNATURE Dr. A. Ben Rindloff (Degree or title) - Physician ADDRESS Emersonian Apts. DATE SIGNED May 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/12/53	Hebrew Friendship Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 5/11/53 REGISTRAR'S SIGNATURE W W Hook

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Park | HOSPITAL OR INSTITUTION OR STREET ADDRESS 8031 Edgewater ave | Steinert | MARYLAND | LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Park | STREET ADDRESS (If rural, give location) 8031 Edgewater ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) J. (Last) Steinert (Steinert)

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 16 1883

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler and Tender

10b. KIND OF BUSINESS OR INDUSTRY: Eastern Welding

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? Detainment

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-2963

17. INFORMANT: Stanley Steinert 613 S. Kenwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset and Death: 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CORONARY ARTERY DISEASE — 5 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PNEUMOCONIOSIS. — 20 YEARS.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 4, 1953, to MAY 19, 1953, that I last saw the deceased alive on MAY 17, 1953, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE: James R. Wilson, M.D. (Degree or title) | ADDRESS: 5109 Philadelphia Road, Balto. 6 | DATE SIGNED: May 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 22/53 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial | LOCATION (City, town, or county) (State): Balto.

DATE REC'D BY LOCAL REG. 5-20-53 | REGISTRAR'S SIGNATURE: A. W. Hedrich M.D. | 24. FUNERAL DIRECTOR: John M. Wetzel | ADDRESS: 401 N. Charles St. Balto. 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 143 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 304 E. Vine Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) E. (Last) SULLIVAN

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-1-92

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: work

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Sullivan

14. MOTHER'S MAIDEN NAME: Mary Livington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

154X

Immediate cause (a) CARCINOMA OF RECTUM — 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-14-53 & 2-3-53 — 19b. MAJOR FINDINGS OF OPERATION: Incision and drainage of scrotal abscess — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1952, to May 7, 1953, [illegible] and that death occurred at 6:35 A.M., from the causes and on the date stated above.

[signature] (Degree or title)
WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 5-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/9/53 — NAME OF CEMETERY OR CREMATORY: Parson's Cemetery — LOCATION (City, town, or count (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/8/53 — REGISTRAR'S SIGNATURE: A. W. Reduchy M.H.

24. FUNERAL DIRECTOR — ADDRESS: Hill and Johnson Funeral Home, Ocean City Road, Salisbury, Maryland

VS. A15 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 14 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 611 W Baltimore St

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) TEDDY (Last)

4. DATE OF DEATH: (Month) MAY (Day) 21 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10/15/1886

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS/OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? Unk.

13. FATHER'S NAME: Charles TEDDY

14. MOTHER'S MAIDEN NAME: Nellie Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Charles TEDDY HARFORD RD HARFORD CO.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44:1

Immediate cause (a) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive C.V. Disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5-, 1953, to 5-21-, 1953, that I last saw the deceased alive on 5-21-, 1953, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Grenz M.D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hosp. DATE SIGNED 5-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 5/26/53 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town, or county) Bel Air (State) Md

DATE REC'D BY LOCAL REG. 5/26/53 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR Frances A Hemsley — ADDRESS 578 W Biddle St

MAY 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-115A

1. PLACE OF DEATH: COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Balto Co. MARYLAND LENGTH OF STAY (In this place) all life. HOSPITAL OR INSTITUTION OR STREET ADDRESS 808 Silver ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Hume (Last) Toft.

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word): Married

8. DATE OF BIRTH: Mar 13/1913

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Partsman (20 Drivers)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. City.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Toft.

14. MOTHER'S MAIDEN NAME: Lenore Grace Souder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Harry Toft.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	6 yrs
	(c) Resection 7 ribs left chest	4 years

002X

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Tuberculosis Pulmonary.

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) May (Day) 13 (Year) 53 (Hour) 11:45 a.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Natural

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

J. McCormmie M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 MD 5/14/53

23. BURIAL CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 16-53

NAME OF CEMETERY OR CREMATORY: Oak Lawn

LOCATION (City, town, or county) (State): Eastern Ave., Balto. Md

DATE REC'D BY LOCAL REG.: 5/15/53

REGISTRAR'S SIGNATURE: Cecil Hudkins

24. FUNERAL DIRECTOR: John F. Connelly - 418 Eastern Ave ADDRESS: Balto 21, Md

Item 13, 14: film G1b4 6-4-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53 32)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robb Nursing Home Essex Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite, Maryland
STREET ADDRESS (If rural give location) Old Court Rd.

3. NAME OF DECEASED: (Type or Print) (First) Sophia (Middle) H. (Last) Torrey

4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-25-1869

9. AGE Last birthday: 84 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY MUNCH

14. MOTHER'S MAIDEN NAME: HANNAH MUNCH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Dr. Eugene Torrey, Granite, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) ACUTE MYOCARDIAL FAILURE	1 WEEK
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CHRONIC CONGEST. HEART FAILURE	6 MOS.
	DUE TO (c) ARTERIOSCLEROSIS - SEVERE	15 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURED While at Work ☐ Not While At Work ☐ ... HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 1, 1953, to MAY 24, 1953, that I last saw the deceased alive on MAY 24, 1953, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Wheeler MD ADDRESS Randallstown - Md DATE SIGNED 5-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial ... DATE THEREOF 5-26-53 ... NAME OF CEMETERY OR CREMATORY Chelten Hills ... LOCATION (City, town, or county) (State) Philadelphia, Pa. ADDRESS ...

DATE REC'D BY LOCAL REGISTRAR 6-2-53 ... REGISTRAR'S SIGNATURE E. E. Nichols ... 24. FUNERAL DIRECTOR MacNabb & Son Funeral Home ...

JUN 2 1953
BUREAU

Item 14 FilmG154 5/15/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04889

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 704 HATHERLEIGH ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): TOWSON
STREET ADDRESS (If rural give location): 704 HATHERLEIGH ROAD

3. NAME OF DECEASED: (First) CHARLES (Middle) R (Last) TWILLEY

4. DATE OF DEATH: (Month) MAY (Day) 6, (Year) 1953

5. SEX: Male MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: NOV. 14, 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): DENTIST

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED DENTIST

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSHUA N. TWILLEY

14. MOTHER'S MAIDEN NAME: Matilda Shaw

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): I (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: C. MERRITT TWILLEY, BALTO, MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE	INDEF
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	Indef
170 X 1	DUE TO (c) Generalized Arteriosclerosis	Indef
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cancer Rt Breast — operated —	5 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ,1947, to May , 1953, that I last saw the deceased alive on 6 May , 1953, and that death occurred at 1:45 PM , from the causes and on the date stated above.

SIGNATURE: Albert B Wolff (Degree or title) M.D. ADDRESS: 1761 E Belvedere Balto DATE SIGNED: 8 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: May 9 1953 — NAME OF CEMETERY OR CREMATORY: DRUID RIDGE CEMETERY — LOCATION (City, town, or county) (State): PIKESVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR: May. 8, 1953 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: JOHN BURNS SONS, TOWSON, MD. — ADDRESS

VS/A18.

RECEIVED
MAY 11 1953
BUREAU V. E.

Item 2 Film G154 6-1-53 am

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (In this place) 16 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Petersburg Richmond; STREET ADDRESS (If rural give location) 684 Campfield Rd

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) G (Last) Ude

4. DATH OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: M. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH: May 19. 1867 9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country): St. Louis Mo 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: F W. Ude 14. MOTHER'S MAIDEN NAME: Frederica

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Records Augsburg Home 684 Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 4 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arterio - Sclerosis — 5 yrs.

DUE TO

(c) Paralysis Agitans — 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1 ,19 48, to 5/21 , 1953, that I last saw the deceased alive on 5/19 , 1953, and that death occurred at 9.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl L. Chambers M.D 4108 Liberty Hts - Baltimore 7- Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 24 53 NAME OF CEMETERY OR CREMATORY Oak Wood Cem LOCATION (City, town, or county) Richmond (State) Va

DATE REC'D BY LOCAL REGISTRAR 5-22-53 REGISTRAR'S SIGNATURE A. W. Hedrick M.R. FUNERAL DIRECTOR Paul C Heimann ADDRESS 6067 Harford Rd

VS. 445

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MAY 25 1953

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. # 19 | LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2235 Lincoln Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones Creek.
STREET ADDRESS (If rural, give location) 2235 LINCOLN AVE

3. NAME OF DECEASED (Type or Print): (First) Francois (Middle) Van (Last) Dommelen
4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1953
5. SEX: Male.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: June 12 1892
9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Worker
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Holland
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME: Angus Montour — Step Father
14. MOTHER'S MAIDEN NAME: Johanna Elizabeth Montour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-34-8948
17. INFORMANT AND ADDRESS: Albert Montour — son. in law.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — Minutes.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Heart Disease — 2 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-7-1953 6:15 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. M. Carmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 2nd 5/7/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 5-11-53 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REG. May 22 53 | REGISTRAR'S SIGNATURE Dawson L. Barber | 24. FUNERAL DIRECTOR ADDRESS Walter Burke Bradley, Dundalk Md.

RECEIVED
MAY 25 1953
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH — COUNTY: Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville — MARYLAND — LENGTH OF STAY (In this place): 34 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7615 Seven Mile Lane

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville — STREET ADDRESS (If rural, give location): 7615 Seven Mile Lane

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) HENRY (Last) WARFEL

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 14, 1878

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Dept Balto. Co

10b. KIND OF BUSINESS OR INDUSTRY: Fire Dept.

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elias M. Warfel

14. MOTHER'S MAIDEN NAME: Catherine Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): none.

16. SOCIAL SECURITY NO.: none.

17. INFORMANT AND ADDRESS: Robt Miles Warfel (son) 7611 Seven Mile Ln. Pikesv. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina Pectoris — Interval between onset and death: 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Inguinal Hernia. — 20 yrs.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None — (CITY OR TOWN) None. — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: None. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Eagles — Deputy Med. Exam. (Degree or title) M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: May 15 '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 18-53 — NAME OF CEMETERY OR CREMATORY: St. Thomas — LOCATION (City, town, or county) (State): Garrison Forest Md

DATE REC'D BY LOCAL REG.: 5-18-53 — REGISTRAR'S SIGNATURE: Mary D. Cline

24. FUNERAL DIRECTOR — ADDRESS: Frank H. Newell

RECEIVED
MAY

Item 1 Film G154 6-1-53 sm

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	P.	Welsh, Jr.	May	26,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	7-7-1925	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Never worked	Unknown	Maryland	USA

13. FATHER'S NAME Joseph P. Welsh, Sr.
14. MOTHER'S MAIDEN NAME Mild[illegible]H. [illegible]ly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition, Dehydration due to	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Exhaustion to Pending Oedema of the Lung	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Jenkins Jr.	M.D.	Spring Grove State Hospital	May 26 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/29/53	Loudon Park Cemetery	Baltimore	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/27/53	W. D. Hayward	Wm. J. Pickens & Sons	Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8

1. PLACE OF DEATH:
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 645 ALDERSHOT ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 645 ALDERSHOT ROAD

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) ANN (Last) WILKINSON

4. DATE OF DEATH: (Month) MAY (Day) #1 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: MAY 24, 1868

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES HICKEY

14. MOTHER'S MAIDEN NAME: SARAH FOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Thomas Minogue - 645 Aldershot Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 Y

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4/25/53

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardio Vascular Disease — 3 years

DUE TO

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1944, to 5/1, 1953, that I last saw the deceased alive on 4/30, 1953, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: Edith W Johnson (DEGREE OR TITLE) MD ADDRESS 3432 Frederick Ave DATE SIGNED 5/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-4-53 — NAME OF CEMETERY OR CREMATORY: Cathedral Cem. — LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 5/3/53 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR ADDRESS: George A. Farley. Catonsville, Md.

RECEIVED
MAY 5 1953
BUREAU V. S.

VS-A15 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 94695

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural, give location) 6208 Frederick Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William		Will Grubs	5	31	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	2-17-1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Owner	Restaurant	Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ulrich Willgrubs	Etta Cremer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	—	Mrs. Lucetta Willgrubs - 6208 Frd. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

204.1

Immediate cause (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

(81 2 X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Comminuted fracture of left Tibia + Fibula caused by auto accident on May 23, 1953

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Baltimore		Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐	Not while at work X	HOW DID INJURY OCCUR?
3 23 53 11 P.M.			Stepped off curb + struck by passing auto.

22. I hereby certify that I attended the deceased from 4-25, 1952, to 5-31, 1953, that I last saw the deceased alive on 5-31, 1953, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Wilmer K. Fallows	M.D.	6209 Frederick Rd. Balt. 28, Md.	6-1-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-3-53	Loudon Park	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-5-53	V.E. Harry	George A. Farley - Catonsville	Md.

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04896

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville // Baltimore/
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7915 Roland View Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore/ Parkville
STREET ADDRESS (If rural give location) 7915 Roland View Ave.

3. NAME OF DECEASED: (Type or Print) (First) Wade (Middle) Hampton (Last) Wisnom SR

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 14-1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Fork Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aloc Wisnom

14. MOTHER'S MAIDEN NAME: Temperance R. Clayton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Estelle M. Wisnom - 7915 Roland View

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cerebral hemorrhage - left — Interval Between Onset And Death: 11 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive - arteriosclerotic heart disease — years

DUE TO

260X)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April ....., 1947, to May 3 ....., 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Sherrill, M.D. ADDRESS Cockeysville, Md. DATE SIGNED 5-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-6-53 NAME OF CEMETERY OR CREMATORY Parkwood Cem. LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 5/4/53 REGISTRAR'S SIGNATURE A.W. Hobart

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford

DMK

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04897

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUXTON
LENGTH OF STAY (in this place) 28 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS CIRCLE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUXTON
STREET ADDRESS (If rural give location) CIRCLE ROAD

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) BULL (Last) WRIGHT

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 28, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ~~CRAF~~ CRANFORD, N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ERNEST MILLER BULL

14. MOTHER'S MAIDEN NAME: EDITH UPHAM

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: E.B. WRIGHT, JR. - GARRISON, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Carcinoma of the breast with metastasis — Interval Between Onset And Death: 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 48, to May 18, 19 53, that I last saw the deceased alive on May 17, 19 53, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wanda R. Allan M.D. 6 E. Eager St., Balto. Md. 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 19 1953
NAME OF CEMETERY OR CREMATORY St Thomas
LOCATION (City, town, or county) (State) Garrison Forest Md

DATE REC'D BY LOCAL REGISTRAR 5-18-53
REGISTRAR'S SIGNATURE C.W. Hedrick M.D.

24. FUNERAL DIRECTOR H.H. Jenkins Sons & 4905 York Rd.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01998

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth. Steel Dispenson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 425 N. Belnord ave.

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Andrew (Last) Wrzesinski
4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Nov. 5. 1912
9. AGE last birthday: 40 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10b. KIND OF BUSINESS OR INDUSTRY: Ships
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stanley Wrzesinski
14. MOTHER'S MAIDEN NAME: Agnes Jaskulska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-03-7625
17. INFORMANT AND ADDRESS: Pricilla Wrzesinski 425 N. Belnord Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound Fracture of Skull — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound Fracture Left Ankle

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: S.S. Pres. Harding. (CITY OR TOWN) Sparrows Pt. (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-8-53 3:10 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell out to hold of ship —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) ADDRESS: Dundalk, Md. DATE SIGNED: 5/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-12-1953
NAME OF CEMETERY OR CREMATORY: St. Stanislaus
LOCATION (City, town, or county) (State): Balto. City Md.

DATE REC'D BY LOCAL REG.: 5/11/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Wm. L. Fialkowski ADDRESS: 2607 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04899

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3013 Lavender Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 3013 Lavender Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Ella Fries (Ella Yeager)

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Mln.
female	white	widowed	December 8, 1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Baltimore, Maryland	

13. FATHER'S NAME: Michael Hughes

14. MOTHER'S MAIDEN NAME: Ellen Reddington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		James G. Yeager, 3013 Lavender Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Acute Pulmonary edema	1 day
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic CVD.	—
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 5/3, 1953, to 5/4, 1953, that I last saw the deceased alive on 5/4, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Harold A. Gott, M.D. 8100 Harford Rd 5/6/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5/7/53	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/6/53	H. C. Hedrick	Wm. Cook, Inc., 1217 St. Paul Street

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04990

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) 5; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) Hanover Road

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WASHINGTON (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 17, 1868

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Overseer on Farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Zimmerman

14. MOTHER'S MAIDEN NAME: Rosomond Schatzbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Robert Bosler, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422. / Immediate cause	(a) BRONCHIAL PNEUMONIA	48 HRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	6 MONTHS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH, 1952, to MAY 26, 1953, that I last saw the deceased alive on MAY 25, 1953, and that death occurred at 11:32 A.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: REISTERSTOWN, MD. DATE SIGNED: 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: May 29, 1953; NAME OF CEMETERY OR CREMATORY: Greenmount; LOCATION (City, town, or county) (State): Carroll Co.

DATE REC'D BY LOCAL REG.: 5-27-53; REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
MAY 28 1937
BUREAU V.